



# Hospital of Saint Raphael

A member of the Saint Raphael Healthcare System

1450 Chapel Street  
New Haven, Connecticut 06511  
(203) 789-3000

November 29, 2004

Ms. Cristine Vogel  
Commissioner  
Office of Health Care Access  
State of Connecticut  
410 Capital Avenue  
3<sup>rd</sup> Floor  
Hartford, Connecticut 06134-0308

CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

2004 DEC -3 AM 11:52

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Re: Letter of Intent / Waiver of CON Request  
Replacement of Laboratory Information System

Dear Commissioner Vogel:

The Hospital of Saint Raphael is requesting a Waiver of Certificate-Of-Need for the replacement of the laboratory information system. Enclosed for your review and consideration is OHCA Form 2030 that describes this proposed project.

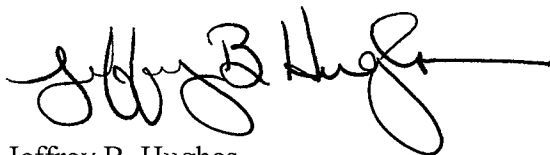
The purpose of this project is to replace an obsolete clinical information system in the Hospital's Laboratory. This new system will not only replace a system that is obsolete and no longer supported by the vendor, but will enable the laboratory information system to be fully integrated with the Hospital's clinical (Ulticare) and Blood Bank information systems.

The Hospital believes that the total estimated capital expenditure for this project will not exceed \$1,887,500, and will meet the criteria for a Waiver from the Certificate of Need process for the following reasons:

- This request is for replacement of equipment originally authorized through a Certificate of Need – DN 89-556, DN 93-536R, and DN 96-549R.
- The estimated cost of the equipment is \$ 1,887,500 (which does not exceed \$ 2,000,000).
- The cost of the replacement equipment (\$ 1,887,500) does not exceed the original cost increased by 10% per year.

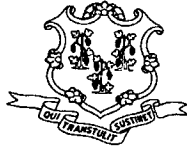
We look forward to working with you and your staff on this project. Please do not hesitate to contact me at (203) 789-5961 with any questions regarding this proposal.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Jeffrey B. Hughes", with a long horizontal flourish extending to the right.

Jeffrey B. Hughes  
Director, Planning & Business Development

CC: G. Davidson  
E. Maloney  
J. Kessler  
J. Lubin-Szafranski



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2004 DEC -3 PM 12: 58

CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

**State of Connecticut**  
**Office of Health Care Access**  
**Letter of Intent/Waiver Form**  
**Form 2030**

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

**SECTION I. APPLICANT INFORMATION**

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Hospital of Saint Raphael	
Doing Business As	Hospital of Saint Raphael	
Name of Parent Corporation	Saint Raphael Healthcare System, Inc.	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	1450 Chapel Street New Haven, CT 06511	
Applicant type (e.g., profit/non-profit)	Non-profit	
Contact person, including title or position	Jeffrey B. Hughes Director, Planning & Business Development	
Contact person's street mailing address	1450 Chapel Street New Haven, CT 06511	
Contact person's phone #, fax # and e-mail address	(203) 789-5961 Phone (203) 789-3653 Fax <a href="mailto:jhughes@srhs.org">jhughes@srhs.org</a>	

## SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

### Replacement of Laboratory Information System

Type of Proposal, please check all that apply:

- ☐ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> New (F, S, Fnc)       | <input type="checkbox"/> Replacement   | <input type="checkbox"/> Additional (F, S, Fnc)      |
| <input type="checkbox"/> Expansion (F, S, Fnc) | <input type="checkbox"/> Relocation    | <input type="checkbox"/> Service Termination         |
| <input type="checkbox"/> Bed Addition          | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in Ownership/Control |

☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☒ Project expenditure/cost greater than \$ 1,000,000

☒ Equipment Acquisition greater than \$ 400,000

- |                                  |   |  |
|----------------------------------|---|--|
| <input type="checkbox"/> New     | <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> Major Medical |
| <input type="checkbox"/> Imaging | <input type="checkbox"/> Linear Accelerator     |  |

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

b. Location of proposal (Town including street address):

**Hospital of Saint Raphael  
1450 Chapel Street  
New Haven, CT 06511**

c. List all the municipalities this project is intended to serve:

**The Hospital of Saint Raphael defines its service area to include the 22 towns and cities of South Central Connecticut. Please see Attachment # 1 for a complete listing of service area towns.**

d. Estimated starting date for the project:

**The Hospital anticipates that the new laboratory information system will be operational by October 2005, pending CON approval.**

- e. Type of project: 28 (Fill in the appropriate number(s) from page 7 of this form)

**Number of Beds (to be completed if changes are proposed)**

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

**Not applicable. This proposed project will not result in a change in the number of beds at the Hospital of Saint Raphael.**

**SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION**

- a. Estimated Total Capital Expenditure: \$ 1,887,500
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	\$
Non-Medical Equipment (Purchase)	\$ 1,887,500
Sales Tax	
Delivery & Installation	
<b>Total Capital Expenditure</b>	<b>\$ 1,887,500</b>
Fair Market Value of Leased Equipment	
<b>Total Capital Cost</b>	<b>\$ 1,887,500</b>

**Major Medical and/or Imaging equipment acquisition:**

Equipment Type	Name	Model	Number of Units	Cost per unit
Hardware & Software for Laboratory System	Misys		1	1,887,500

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

**Please see Attachment # 2 for the project cost summary and copies of vendor price quotes.**

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity
 ☐ Lease Financing
 ☐ Conventional Loan  
☐ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding  
☐ Funded Depreciation
 ☐ Other (specify): \_\_\_\_\_

**SECTION IV. PROJECT DESCRIPTION**

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

**Please see Attachment # 3 for a description of the project.**

- Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.

**Please see Attachment #4 for a copy of the current license for the Hospital of Saint Raphael issued by the Department of Public Health.**

- What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
- Who is the current population served and who is the target population to be served?
- Identify any unmet need and how this project will fulfill that need.
- Are there any similar existing service providers in the proposed geographic area?
- What is the effect of this project on the health care delivery system in the State of Connecticut?
- Who will be responsible for providing the service?
- Who are the payers of this service?

**If requesting a Waiver of a Certificate of Need, please complete Section V.**

**SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT**

I may be eligible for a waiver from the Certificate of Need process because of the following: (Please check all that apply)

**The Hospital believes that this project meets the qualifications for a Waiver of CON based on the following information:**

- 1) The purchase price for the new equipment will not exceed \$1,887,500, which is below the threshold of \$2,000,000. Please see Attachment # 2 for a copy of the vendor price quote.**
- 2) The original equipment was acquired in 1989 by means of a Certificate of Need (DN# 89-556). Subsequent modifications for cost over runs were made under DN# 93-536R and DN#96-549R. Copies of the final decisions related to the documents noted above are included as Attachment # 6.**
- 3) The purchase price for the replacement equipment (\$1,887,500), does not exceed the original price of \$1,159,514 (\$287,944 software & \$871,570 hardware) plus 10% inflation each year. A detailed inflation calculation is presented as Attachment #7.**

**Based on the information above, the Hospital of Saint Raphael is requesting that this equipment replacement project be granted a Waiver of Certificate of Need.**

☒ This request is for Replacement Equipment.

**Please see Attachment # 3 for description of project.**

☒ The original equipment was authorized by the Commission/OHCA in Docket Number: # 89-556  
Subsequently modified by DN# 93-536R  
Subsequently modified by DN# 96-549R

**Please see Attachment # 6, Notice of Agreed Settlement – Ulticare Information System  
DN# 89-556; DN# 93-536R and DN# 96-549R**

☒ The cost of the equipment is not to exceed \$2,000,000.

☒ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

**Please see Attachment # 7 for detailed inflation calculation.**

Please complete the attached affidavit for Section V only.

RECEIVED

▪ AFFIDAVIT

2004 DEC -3 PM 12:58

CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

Applicant: Hospital of Saint Raphael

Project Title: Replacement of Laboratory Information System

I, David Benfer, President & CEO

(Name) (Position – CEO or CFO)

of the **Hospital of Saint Raphael** being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that the **Hospital of Saint Raphael** complies with the appropriate and (Facility Name) applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

David Benfer  
Signature

November 29, 2004  
Date

Subscribed and sworn to before me on November 29, 2004

Gloria Astarita  
Notary Public/Commissioner of Superior Court

**GLORIA ASTARITA**  
**NOTARY PUBLIC**  
MY COMMISSION EXPIRES OCT. 31, 2006

My commission expires: \_\_\_\_\_



## **Project Type Listing**

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

### **Inpatient**

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

### **Outpatient**

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

### **Non-Clinical**

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

**Attachment # 1**

**Listing of Towns and Cities that comprise the Service Area  
of the Hospital of Saint Raphael**

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**Attachment # 1**

**Hospital Of Saint Raphael  
22 Town Service Area**

**Ansonia  
Bethany  
Branford  
Cheshire  
Clinton  
Derby  
East Haven  
Guilford  
Hamden  
Madison  
Meriden  
Milford  
New Haven  
North Branford  
North Haven  
Orange  
Oxford  
Seymour  
Shelton  
Wallingford  
West Haven  
Woodbridge**

**Attachment # 2**

**Project Cost Summary**

**Copies of Vendor Quotes**

**Hospital of Saint Raphael  
Laboratory Information System**

**Cost Summary**

<b>Description</b>	<b>Cost</b>	<b>Comment</b>
1) Misys Laboratory Information System	\$ 850,002	Cost of software applications and hardware from Misys Please see attached quote from Misys Hospital Systems
2) Temporary laboratory staff to fill in for laboratory resources assigned to project implementation.	\$ 300,000	Cost of 3 fully loaded Laboratory Med Techs at \$75,000 annual salary for 16 months of service.
3) Implementation consulting	\$ 300,000	Cost based on a blended rate from Manchester Consulting; \$137.50/hr for a total of 2,182 hours.
4) PC's replacement	\$ 132,500	Please see attached quote from ACT for details.
5) Hand held bar code devices (40 hand helds @ \$2,141)	\$ 85,640	Please see attached quote from Advanced Office Systems (AOS) for details.
6) Increase wireless network infrastructure	\$ 35,000	Cost represents an internal estimate.
7) Conversion of blood bank data into new system.	\$ 35,000	Cost derived from two verbal estimates one being the current blood bank vendor.
8) Contingency	\$ 149,358	
<b>Total project cost</b>	<b><u>\$ 1,887,500</u></b>	



**ADVANCED OFFICE SYSTEMS**

296 East Main Street - Branford, CT 06405  
T 800-922-8014 F 203-481-8316  
www.aosinc.com

**Quote S015519**

Date: 10/21/2004

P.O. Number:

Account Rep: David Wrenn

Ship Via: UPS/GROUND

Drop Ship: Yes

Terms: Net 10 Days

Comments:

Bill To: John Trosell  
Hospital of Saint Raphael  
1450 Chapel Street  
New Haven, CT 06510  
Tel: (203)789-5945  
Fax: (203)789-4139

Ship To: Hospital Receiving  
Hospital of Saint Raphael  
1450 Chapel St. Via George St.  
New Haven, CT 06511

Units	Part #	Description	Drop Ship	Unit Price	Ext. Price
<b>Miscellaneous</b>					
1	PPT8846-R3BZ10WW	SYMBOL PPT8846 HANDHELD POCKET PC, 11MBPS, SE 800 HP WITH LINEAR RSS SUPPORT, PPC 2003, 64X64MB, PDA KEYPAD, WW, 1700MAH BATTERY		1,542.00	1,542.00
1	SCB-PPT8846-10	1 YR SERV CTR REPAIR, PPT8846 3 DAY TURNAROUND, BRONZE DEPOT		112.00	112.00
1	KT-61579-01	KIT TO RETROFIT TERMINAL FOR USE WITH 3400MAH BATTERY; INCLUDES		122.00	122.00
1	21-60332-01	3400MAH BATTERY ONLY		120.00	120.00
1	CRD8800B-100S	CRADLE, COMM CABLE, POWER SUPPLY, LINE CORD		180.00	180.00
1	11-43912-03	STYLUS (3 PACK TETHERED)		35.00	35.00

The above accurately reflects the total of products and services to be provided by Advanced Office Systems

x

John Trosell  
Hospital of Saint Raphael

- 12 -

<b>Subtotal:</b>	2,111.00
<b>Freight:</b>	30.00
<b>6% CT Tax:</b>	0.00
<b>Grand Total:</b>	2,141.00



**MISYS**



THIS ORDER FORM #1 ("ORDER FORM") IS ENTERED INTO BY AND BETWEEN:

**MISYS HOSPITAL SYSTEMS, INC.**  
**DBA MISYS HEALTHCARE SYSTEMS**  
**4801 EAST BROADWAY BOULEVARD**  
**TUCSON, AZ 85711**  
**("MISYS")**

AND

**HOSPITAL OF SAINT RAPHAEL**  
**1450 CHAPEL STREET**  
**NEW HAVEN, CONNECTICUT 06511**  
**("CLIENT")**

THE EFFECTIVE DATE OF THIS ORDER FORM IS \_\_\_\_\_, 2004 ("EFFECTIVE DATE").

This Order Form, including its attached Schedules, are attached to and become, upon execution by both parties, a part of the Master Agreement between MISYS and CLIENT and describes the products and services to be provided to CLIENT by MISYS and payable by CLIENT to MISYS under this Order Form and subject to the Master Agreement.

**Approved:**  
**Hospital of Saint Raphael**

By: \_\_\_\_\_  
(Authorized Signature)

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Approved:**  
**Misys Hospital Systems, Inc.**

By: \_\_\_\_\_  
(Authorized Signature)

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_





## EXECUTIVE SUMMARY

SOFTWARE (SCHEDULE A)		
TOTAL SOFTWARE		\$108,532
HARDWARE AND THIRD PARTY SOFTWARE (SCHEDULE B)		\$590,820
SERVICES (SCHEDULE C)		\$150,650
GRAND TOTAL		\$ 850,002
ANNUAL SUPPORT		\$ 163,668

## SCHEDULE INDEX

SCHEDULE A	Misys Software
SCHEDULE B	Third Party Software and Hardware
SCHEDULE C	Services
SCHEDULE D	Designated Site & Affiliates
SCHEDULE E	Payment Schedule
SCHEDULE F	Applicable Minimum Requirements
SCHEDULE G	Support and Maintenance



## SCHEDULE A - MISYS SOFTWARE

\*\*\*Date prepared: November 11, 2004\*\*\*

SOFTWARE  
QUOTE #21376

Prices Effective Through \*\*\*November 30, 2004\*\*\*

ITEM CODE	QTY	DESCRIPTION	SOFTWARE UNIT PRICE	NET TOTAL	MAINTENANCE / MONTH UNIT PRICE	TOTAL
<b>MISYS APPLICATION SOFTWARE</b>						
SW-LAB-PKG	1	Misys Laboratory™ Basic System Solution License - 80 Users <i>INCLUDES: Including but not limited to software to manage Order Entry and Collection; Multiple Active Episode Management; Artificial Intelligence and Rules for Order Entry, Reflex Testing and Calculations; Full Result Entry; Management Statistics; TAT Reports; Electronic Mail; and Patient Reporting; Microbiology; Duplicate Test Area; Instrument Manager; 1 LARS,</i>	\$130,000	\$130,000		
MN-LAB-PKG	1	Misys Laboratory™ Basic System License Solution- 80 Users- Maint			\$1,950	\$1,950
SW-SMART	1	Misys Laboratory™ SMART Software		Included		
MN-SMART	1	Misys Laboratory™ SMART Software- Maint			\$1,000	\$1,000
SW-BB-PKG	1	Blood Bank Subsystem License Solution <i>INCLUDES: Inventory, Online Serological Results, Long Term Archive.</i>	\$75,000	\$75,000		
MN-BB-PKG	1	Blood Bank Subsystem License Solution - Maint			\$1,125	\$1,125
SW-OR-PKG	1	Misys Outreach Subsystem License Solution	\$47,500	\$47,500		
MN-OR-PKG	1	Outreach Laboratory Software - Maint			\$713	\$713
SW-AHRW-LAB	1	Misys Ad Hoc Report Writer™ - Laboratory <i>(includes license, implementation and training for one attendee)</i>	\$28,500	\$28,500		
MN-AHRW-LAB	1	Misys Ad Hoc Report Writer™ - Laboratory- Maint			\$428	\$428
SW-LARS	1	LabAccess® Results Workstation Software		Included		Included
SW-LARS	4	LabAccess® Results Workstation Software - Add'l	\$2,500	\$10,000		
MN-LARS	4	LabAccess® Results Workstation Software Add'l - Maint			\$38	\$152
SW-MAM	1	Misys Application Manager	\$10,000	\$10,000		
MN-MAM	1	Misys Application Manager - Maintenance			\$150	\$150
SW-ENC	1	Misys Encompass™ System License (25 physicians) - minimum quote	\$30,000	\$30,000		
MN-ENC	1	Misys Encompass™ System License (25 physicians) - maintenance			\$450	\$450
SW-MCM	1	Misys Collection Manager Base License - 25 Users	\$51,400	\$51,400		
MN-MCM	1	Misys Collection Manager Base License - 25 Users- Maint			\$771	\$771
SW-MCM-ADD	1	Misys Collection Manager License - 25 Add'l User	\$37,500	\$37,500		
MN-MCM	1	Misys Collection Manager License - 25 Users- Maint			\$563	\$563
SW-INSIGHT50	1	Misys Insight™ Software License - 100 Users <i>(includes Laboratory clinical module functionality and ADT Interface from Misys CPR)</i>	\$99,800	\$99,800	\$1,497	\$1,497
MN-INSIGHT50						
SW-INS-AM	2	Misys Insight™- Additional Clinical Module Functionality <i>(Radiology and Pharmacy Functionality)</i>	\$10,000	\$20,000	\$150	\$300
SW-INSIGHT-RE	1	Misys Insight™ Rule Editor Module	included	included	included	included

# MA ORDER FORM # 1



ITEM CODE	QTY	DESCRIPTION	SOFTWARE UNIT PRICE	NET TOTAL	MAINTENANCE / MONTH UNIT PRICE	TOTAL
SW-MCP	1	Misys Laboratory™ MC Compliance Pack <i>Includes: Misys Laboratory™ Medical Necessity Checker, Misys Laboratory™ Multi-Channel Implosion/Charge Edit, one modified Billing Interface, one modification to an Inbound Interface (ADT or OE), Installation and Documentation. Additional Billing Modification \$1,000 (for each additional modification made per Billing Interface) Does NOT include ICD-9 tape--see Options</i>	\$20,000	\$20,000		
MN-MCP	1	Misys Laboratory™ MC Compliance Pack- Maint SUBTOTAL		\$559,700	\$300	\$300 \$9,399
<b>ELECTRONIC COMPUTER INTERFACES:</b>						
HIS ADT/ORRR interfaces will be handled via Misys CPR™						
SW-LAB-BBIL	1	Billing, Batch Format	\$15,000	\$15,000		
MN-LAB-BBIL	1	Billing, Batch Format - Maint			\$225	\$225
SW-IL1	1	Integrated Lab Interface (Ordering Only or Resulting Only) to Quest <i>Orders out/Results In or Orders In/Results out</i>	\$15,000	\$15,000		
MN-IL1	1	Integrated Lab Interface (Ordering Only or Resulting Only)- Maint			\$225	\$225
<b>INSTRUMENT INTERFACES:</b>						
SW-IX	13	Instrument Interface (point-to-point) <i>(requires Modular Interface if via Data Manager)</i>	\$7,500	\$97,500		
MN-IX	13	Instrument Interface Maintenance			\$56	\$728
	2	Abbott AxSYM				
	1	IRIS 500 Auto. Urinalysis (limited to a 6 digit, all numeric sample ID)				
	2	Beckman ACL Advance				
	2	Beckman LH750				
	1	ABS 2000				
	1	Microscan LabPro				
	1	BacT/Alert				
	2	MiniVidas				
	1	Instrument Interface GenProbe System -- MAKE/MODEL REQUIRED				
<b>Modular Instrument Interfaces: (via Data Manager)</b>						
SW-IX	1	Instrument Interface (Data Manager) Data Innovations	\$7,500	\$7,500		
MN-IX	1	Instrument Interface Maintenance			\$56	\$56
SW-IX-M-AMC	2	Instrument Connection to Data Manager (Roche P)	\$2,500	\$5,000		
MN-IX	2	Instrument Interface Maintenance (Roche P)			\$56	\$112
SW-IX-M-AMC	2	Instrument Connection to Data Manager (Elecys 2010)	\$2,500	\$5,000		
MN-IX	2	Instrument Interface Maintenance (Elecys 2010)			\$56	\$112
SW-IX	1	Instrument Interface (Data Manager) Bayer RapidLink	\$7,500	\$7,500		
MN-IX	1	Instrument Interface Maintenance			\$56	\$56
SW-IX-M-AMC	3	Instrument Connection to Data Manager-Bayer Rapidpoint	\$2,500	\$7,500		
MN-IX	3	Instrument Interface Maintenance - Bayer Rapidpoint			\$56	\$168
		SUBTOTAL		\$160,000		\$1,682
		SUBTOTAL SOFTWARE PRICE		\$719,700		\$11,081
		LESS SOFTWARE DISCOUNT		(\$573,668)		
		Less Collection Manager Discount <i>(expires November 30, 2004)</i>		(\$37,500)		
		TOTAL SOFTWARE PRICE		\$108,532		\$11,081



## SCHEDULE B - THIRD PARTY SOFTWARE AND HARDWARE

\*\*\*DATE PREPARED: NOVEMBER 11, 2004\*\*\*

## HARDWARE

Prices Effective Through \*\*\*November 16, 2004\*\*\*

FOR ALL HARDWARE MARKED AS "CLIENT SUPPLIED AND SUPPORTED"  
CLIENT MUST SUPPLY THE LISTED CONFIGURATION(S) OR THEIR EQUIVALENT

ITEM CODE	QTY	DESCRIPTION	HARDWARE UNIT PRICE	NET TOTAL
COMMUNICATIONS: This is assuming PC's are networkable.				
MX-1620-114	2	MRV MaxServer 20 Port Terminal Server 4mb w/ 20 Ports, 10 BaseT & 15-Pin AUI Compatible, RJ45 Connectors, LAT-TCP/IP Support, Rackmountable with mounting brackets. Includes Flash RAM Memory Card Total Ports Configured: 40	\$3,295	\$6,590
MN-MX-1620-114	2	MRV MaxServer 20 Port Terminal Server Annual Maintenance INCLUDES: Same-day Dispatch for exchange of products covered by contract. 24x7 Telephone support, 365 days/year inside the U.S. Nbase-Xyplex software and documentation updates.	\$297	\$594
		SUBTOTAL		\$7,184
CPU/MEMORY/CONFIGURATION:				
LABORATORY CPU A:				
IBM pSeries 630 HACMP Node A:				
7028-6C4	1	Rack Server 1:P SERIES 630	\$941	\$941
2623	1	4.7GB SCSI-2 DVD-RAM DRIVE	\$1,000	\$1,000
2849	1	PWR GXT135P GRAPH ACC+DIG SUPP	\$412	\$412
3124	1	PORT C.FOR DRAWER/DRAWER	\$67	
3158	2	36.4 GB 10K RPM U3 SCSI DDA	\$750	\$1,500
3925	1	SERIAL PORT CONVERT.CABLE	\$21	\$21
4250	1	CONN CAB 6SLOT PCI RISER 2 MED	\$50	\$50
4254	1	SCSI CONNECTOR CABLE	\$62	\$62
4651	1	RACK INDICATOR, RACK 1	Included	
5005	1	SOFTWARE PREINSTALL	Included	
5700	1	GIGABIT ETHERNET-SX PCI-X ADAP	\$1,416	\$1,416
6158	1	4MM INTERNAL TAPE DRIVE	\$2,495	\$2,495
6239	2	2 GIGAB FIBRE CHANN PCI-X ADPT	\$2,582	\$5,164
6273	2	POWER SUPPLY, 645 WATT AC, HS	\$2,083	\$4,166
6557	1	REDUNDANT COOLING	\$150	\$150
6568	1	U3 SCSI BACKPLANE FOR HS DISKS	\$292	\$292
8033	1	FC-EXP CNFG P630 (120 C/E)	\$6,945	\$6,945
8080	1	2048MB DIMMS, EXPRESS CONFIG	Included	
8106	1	1-WAY 1.2GHZ POWER4+ PC EXP CF	Included	
9172	1	POWER SPECIFY, AC	Included	
9300	1	LANG.GROUP SPEC.-US ENGLISH	Included	
9556	1	6 SLOT PCI RISER INIT ORD ONLY	Included	
9581	1	RIO-2 ENABLEMENT INDICATOR	Included	
9911	1	POWER C.-ALL(STD.RACK P.C.	Included	
High Speed Tape Backup:				
3581-L28	1	ULTRIUM TAPE 2U AUTOLOADER	\$7,999	\$7,999
7003	1	Rack Mount Kit	\$399	\$399
8002	1	Cleaning Cartridge	\$103	\$103
9600	1	RS/6000 Attachment	Included	
9703	1	2.5M VHDCI to HD68 SCSI Cable	Included	
9800	1	2.7m Power Cord - US/Canada	Included	
3589-007	1	200GB ULTR.TAPE CARTRIDGES	Included	
7020	1	200GB ULTRIUM TAPE 20-PAK	\$3,456	\$3,456
8000	1	Jewel Cases	Included	

# MA ORDER FORM # 1



ITEM CODE	QTY	DESCRIPTION	HARDWARE UNIT PRICE	NET TOTAL
<b>VPN Appliance:</b>				
NS-5GT-001	1	Netscreen 5GT and Netscreen 5XT are mutually exclusive. 5GT is the VPN Appliance (End-Point Only)	\$595	\$595
<b>AIX Software:</b>				
5692-A5L	1	AIX 5.2 SPO	Included	
0947	1	AIX 5L V5.2 BASE	Included	
0949	1	AIX 5L V5.2 EXPANSION PACK	Included	
0965	1	AIX 5L V5.2 UPDATE CD	Included	
0975	1	CMM	Included	
0996	1	HACMP BASE V5.2	Included	
1004	1	MEDIA PROCESS CHARGE CD ROM	\$50	\$50
2924	1	ENGLISH - US U/L SBCS (ENU)	Included	
3410	1	CD-ROM ISO 9660 STANDARD	Included	
5005	1	PRELOAD (AUS FEATURE 5005)	Included	
5924	1	LNG PRELOAD ONLY 5924 ENGLISH	Included	
5765-E62	1	AIX 5L FOR POWER V5.2	Included	
0001	4	AIX 5L FOR POWER V5.2 P/PROC	Included	
5765-F62	1	HACMP V5	Included	
0001	1	HACMP P/PROC W/1YSWMA	\$3,200	
5771-HMP	1	HACMP 1YR MAINT	Included	
0356	1	HACMP V5.1 BAS P/PROC SWMARGST 1 N/C	Included	
5771-SWM	1	SW MAINT AIX 1 YR SUBSCRIPTION	Included	
0490	1	1PROC E5 SWMA 1Y REG/RNW	\$650	\$650
<b>EMC Clarion CX300</b>				
CX300	1	CX300 FIBRE CHANNEL 2GB	\$20,000	\$20,000
C-MODEM-US	1	Clarion Service Modem	Included	
RACK-40U-C	1	40U COMMON RACK	\$5,400	\$5,400
FM-LL10MD	4	10M MM FIBRE CABLE LC-LC	\$760	\$3,040
PW40U-C-US	1	40U-C PWR CORD - US	\$1,500	\$1,500
CX-2G15-36	15	X15-2 36GB 15K 520BPS 12V 2GB	\$1,100	\$16,500
CX300-KIT	2	ARRAY DOC & RTU	Included	
UTIL-AIX	1	AIX Software Utilities	\$48	\$48
NAV300-WG	1	CX300 NAVI WORKGROUP	\$3,000	\$3,000
PP-AIX-KIT	1	POWERPATH FOR AIX	Included	
PP-AIX-DP	1	PPATH AIX DEP	\$9,700	\$9,700
NAVAGT-AIXKIT	1	NAVI AGENT AIX MEDIA	Included	
NAV-WGKIT	1	NAVI WORKGROUP MEDIA	Included	
PS-BAS-PP1	1	POWERPATH HOST QS	\$1,900	\$1,900
CEPASPR03	1	CustEd Pasprt-3 Trng Days	\$2,970	\$2,970
CLARSFTTP	1	Prepaid Clarion Software Maintenance Includes 4 -12 @0/mo. Then months 13-36 @\$24/mo. HW Maintenance Includes months 25-36 @\$0/mo.	\$888 Included Included Included	\$888

# MA ORDER FORM # 1



ITEM CODE	QTY	DESCRIPTION	HARDWARE UNIT PRICE	NET TOTAL
<b>System Rack:</b>				
7014-T00	1	Enterprise Rack (36 EIA)	\$2,920	\$2,920
0195	1	RACK CONT SPEC:7038/6M2 8U	Included	
0216	1	RACK CONTENT SPECIFY: 1 EIA	Included	
0221	1	RACK CONT. SPEC:1740/1RU-3EIA	Included	
0222	1	RACK CONT SPEC 1742/90U-4EIA	Included	
6098	2	SIDE PANEL 1.8M/2M RACK BLACK	\$150	\$300
6107	1	Front Trim Kit for 1.8M Rack	\$150	\$150
6654	2	P.CORD,4.3M,24A,NEMA L6-30PLG	\$240	\$480
7188	1	PWR DIST.UNIT -SIDE MOUNT	\$1,200	\$1,200
9188	1	PW.DIST.UN.SPCF-BASE/SIDE MNT	Included	
9300	1	Language group - English	Included	
IBM/Z	1	Custom Build Configuration Charge	\$511	\$511
MH-AIX52OVERLAY	1	Misys AIX 5.2 Overlay CD	Included	
		<b>SUBTOTAL</b>		<b>\$108,373</b>

## LABORATORY CPU B:

### IBM pSeries 630 HACMP Node B:

7028-6C4	1	Rack Server 1:P SERIES 630	\$941	\$941
2623	1	4.7GB SCSI-2 DVD-RAM DRIVE	\$1,000	\$1,000
2849	1	PWR GXT135P GRAPH ACC-DIG SUPP	\$412	\$412
3124	1	PORT C.FOR DRAWER/DRAWER	\$67	
3158	2	36.4 GB 10K RPM US SCSI DDA	\$750	\$1,500
3925	1	SERIAL PORT CONVERT.CABLE	\$21	\$21
4250	1	CONN CAB 6SLOT PCI RISER 2 MED	\$50	\$50
4254	1	SCSI CONNECTOR CABLE /	\$62	\$62
4651	1	RACK INDICATOR, RACK 1	Included	
5005	1	SOFTWARE PREINSTALL	Included	
5700	1	GIGABIT ETHERNET-SX PCI-X ADAP	\$1,416	\$1,416
6158	1	4MM INTERNAL TAPE DRIVE	\$2,495	\$2,495
6239	2	2 GIGAB FIBRE CHANN PCI-X ADPT	\$2,582	\$5,164
6273	2	POWER SUPPLY, 645 WATT AC, HS	\$2,083	\$4,166
6557	1	REDUNDANT COOLING	\$150	\$150
6568	1	U3 SCSI BACKPLANE FOR HS DISKS	\$292	\$292
8033	1	FCI-EXP CNFG P630 (120 C/E)	\$6,945	\$6,945
8080	1	2048MB DIMMS, EXPRESS CONFIG	Included	
8106	1	1-WAY 1.2GHZ POWER4+ PC EXP CF	Included	
9172	1	POWER SPECIFY, AC	Included	
9300	1	LANG.GROUP SPEC.-US ENGLISH	Included	
9556	1	6 SLOT PCI RISER INIT ORD ONLY	Included	
9581	1	RIO-2 ENABLEMENT INDICATOR	Included	
9911	1	POWER C.-ALL(STD.RACK P.C.	Included	

### High Speed Tape Backup:

3581-L28	1	ULTRIUM TAPE 2U AUTOLOADER	\$7,999	\$7,999
7003	1	Rack Mount Kit	\$399	\$399

8002	1	Cleaning Cartridge	\$103	\$103
9600	1	RS/6000 Attachment	Included	
9703	1	2.5M VHDCI to HD68 SCSI Cable	Included	
9800	1	2.7m Power Cord - US/Canada	Included	
3589-007	1	200GB ULTR.TAPE CARTRIDGES	Included	
7020	1	200GB ULTRIUM TAPE 20-PAK	\$3,456	\$3,456
8000	1	Jewel Cases	Included	

### VPN Appliance:

NS-5GT-001	1	Netscreen 5GT and Netscreen 5XT are mutually exclusive. 5GT is the VPN Appliance (End-Point Only)	\$595	\$595
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# MA ORDER FORM # 1



ITEM CODE	QTY	DESCRIPTION	HARDWARE UNIT PRICE	NET TOTAL
<b>AIX Software:</b>				
5692-A5L	1	AIX 5.2 SPO	Included	
0947	1	AIX 5L V5.2 BASE	Included	
0949	1	AIX 5L V5.2 EXPANSION PACK	Included	
0965	1	AIX 5L V5.2 UPDATE CD	Included	
0975	1	CMM	Included	
0996	1	HACMP BASE V5.2	Included	
1004	1	MEDIA PROCESS CHARGE CD ROM	Included	
2924	1	ENGLISH - US U/L SBCS (ENU)	\$50	\$50
3410	1	CD-ROM ISO 9660 STANDARD	Included	
5005	1	PRELOAD (AUS FEATURE 5005)	Included	
5924	1	LNG PRELOAD ONLY 5924 ENGLISH	Included	
5765-E62	1	AIX 5L FOR POWER V5.2	Included	
0001	4	AIX 5L FOR POWER V5.2 P/PROC	Included	
5765-F62	1	HACMP V5	Included	
0001	1	HACMP P/PROC W/1YSWMA	\$3,200	
5771-HMP	1	HACMP 1YR MAINT	Included	
0356	1	HACMP V5.1 BAS P/PROC SWMARGST	Included	
5771-SWM	1	SW MAINT AIX 1 YR SUBSCRIPTION	Included	
0490	1	1PROC E5 SWMA 1Y REG/RNW	\$650	\$650
<b>EMC Clarion CX300</b>				
CX300	1	CX300 FIBRE CHANNEL 2GB	Shared Storage Included with Node A	
C-MODEM-US	1	Clarion Service Modem	Shared Storage Included with Node A	
RACK-40U-C	1	40U COMMON RACK	Shared Storage Included with Node A	
FM-LL10MD	2	10M MM FIBRE CABLE LC-LC	Shared Storage Included with Node A	
PW-40U-C-US	1	40U-C PWR CORD - US	Shared Storage Included with Node A	
CX-2G15-36	11	X15-2 36GB 15K 520BPS 12V 2GB	Shared Storage Included with Node A	
CX300-KIT	2	ARRAY DOC & RTU	Shared Storage Included with Node A	
UTIL-AIX	1	AIX Software Utilities	Shared Storage Included with Node A	
NAV300-WG	1	CX300 NAVI WORKGROUP	Shared Storage Included with Node A	
PP-AIX-KIT	1	POWERPATH FOR AIX	Shared Storage Included with Node A	
PP-AIX-DP	1	PPATH AIX DEP	Shared Storage Included with Node A	
NAVAGT-AIXKIT	1	NAVI AGENT AIX MEDIA	Shared Storage Included with Node A	
NAV-WGKIT	1	NAVI WORKGROUP MEDIA	Shared Storage Included with Node A	
PS-BAS-PPI	1	POWERPATH HOST QS	Shared Storage Included with Node A	
CEPASPT03	1	CustEd Pasprt-3 Trng Days	Shared Storage Included with Node A	
CLARSFTPP	1	Prepaid Clarion Software Maintenance	Shared Storage Included with Node A	
		Includes 4 -12 @0/mo. Then months 13-36 @\$24/mo.	Shared Storage Included with Node A	
		HW Maintenance	Shared Storage Included with Node A	
		Includes months 25-36 @\$0/mo.	Shared Storage Included with Node A	
<b>System Rack:</b>				
7014-T00	1	Enterprise Rack (36 EIA)	\$2,920	\$2,920
0195	1	RACK CONT SPEC:7038/6M2 8U	Included	
0216	1	RACK CONTENT SPECIFY: 1 EIA	Included	
0221	1	RACK CONT. SPEC:1740/1RU-3EIA	Included	
0222	1	RACK CONT SPEC 1742/90U-4EIA	Included	
6098	2	SIDE PANEL 1.8M/2M RACK BLACK	\$150	\$300
6107	1	Front Trim Kit for 1.8M Rack	\$150	\$150
6654	2	P.CORD,4.3M,24A,NEMA L6-30PLG	\$240	\$480
7188	1	PWR DIST.UNIT -SIDE MOUNT	\$1,200	\$1,200
9188	1	PW.DIST.UN.SPCF-BASE/SIDE MNT	Included	
9300	1	Language group - English	Included	
IBM/Z	1	Custom Build Configuration Charge	\$511	\$511
MH-AIX52OVERLAY	1	Misys AIX 5.2 Overlay CD	Included	
		SUBTOTAL		\$43,427

# MA ORDER FORM # 1



ITEM CODE	QTY	DESCRIPTION	HARDWARE UNIT PRICE	NET TOTAL	MAINTENANCE / MONTH UNIT PRICE	TOTAL
<b>Third Party Software:</b>						
<b>LAB CPU A &amp; CPU B:</b>						
C-ENAU	80	Intersystems Caché Enterprise Named Active User Multi-Server	\$650	\$52,000		
MN-C-ENAU	80	Intersystems Monthly Maintenance Supports Maximum 80 Concurrent Jobs			\$12	\$960
<b>for Application Manager</b>						
C-ENAU-MAM	7	Cache Enterprise Named Active User Multi-Server Platform Specific	\$650	\$4,550		
MN-C-ENAU	7	Intersystems Monthly Maintenance			\$12	\$84
		<b>SUBTOTAL</b>		<b>\$56,550</b>		<b>\$1,044</b>
<b>INSTRUMENT/APPLICATION INTERFACE SUBSYSTEM:</b>						
<b>Linux Subsystem #1</b>						
MH-CPQ-MIMMAM-R	1	<i>Linux servers cannot be client supplied</i> Compaq ProLiant DL380R04 Server Features: 3.4GHz processor, 1MB L2 cache, 2GB main memory, Integrated dual channel Ultra3 SCSI controller, CD-ROM drive, four 36GB Ultra320 SCSI hard hot swap drives, 40GB DDS-4 4mm tape drive. Integrated 10/100/1000 Ethernet controller  Software: Linux 8.0 Professional  Warranty- 3 Years Parts,1BD	\$9,302	\$9,302		
<b>Linux Subsystem #2</b>						
MH-CPQ-MIMMAM-R	1	Compaq ProLiant DL380R04 Server Features: 3.4GHz processor, 1MB L2 cache, 2GB main memory, Integrated dual channel Ultra3 SCSI controller, CD-ROM drive, four 36GB Ultra320 SCSI hard hot swap drives, 40GB DDS-4 4mm tape drive. Integrated 10/100/1000 Ethernet controller  Software: Linux 8.0 Professional  Warranty- 3 Years Parts,1BD	\$9,302	\$9,302		
		<b>SUBTOTAL</b>		<b>\$18,604</b>		
<b>INPUT/OUTPUT DEVICES:</b>						
<i>Client Supplied devices may not be compatible with Misys system</i>						
LA36N-CA	2	Genicom LA 36 Dot Matrix Printer Narrow Carriage (Error Log)	\$679	\$1,358	(1) for Ref Lab	
3400D04100M0	4	Intermec 3400D Direct Thermal Printer (Ethernet)	\$2,190	\$8,760	(1) for BB Unit Labels	
3860S0000-CA	2	TallyGenicom 3860S Dot Matrix Printer	\$2,125	\$4,250	(1) for BB Unit Tags	
3A1213B01	2	TallyGenicom 38XX Pedestal	\$193	\$386		
10055294	1	PCAnywhere v11 Host & Remote	\$200	\$200	Required for Troubleshooting	
USR3453B	2	USR Courier 56K V.92 Business Modem			Client Supplied & Supported for Ref Lab & PCAnywhere	
27-6820	2	Data-Doc Serial cable to attach modem			Client Supplied & Supported	
0-360057-00	1	Intermec ScanPlus Short Range CCD Scanner Kit (Includes: scanner, adapter cable, desk stand/holder, manuals, and CD w/EasySet utility)	\$225	\$225	Not compatible with VT520 or VT525	
<b>Collection Manager Handheld Device (minimum of 10)</b>						
PPT8846-R3BZ00WW	50	Handheld Device - PPT: 11Mbps, SE 800 HP with Linear RSS support, PPC 2003, 64x64MB, PDA keypad, WW, 1700mAh battery	\$2,095	\$104,750		
SCB-PPT8846-10	50	Handheld Device - PPT; One Year Service Bronze	\$129	\$6,450		



# MA ORDER FORM # 1



ITEM CODE	QTY	DESCRIPTION	HARDWARE UNIT PRICE	NET TOTAL	MAINTENANCE / MONTH UNIT PRICE	TOTAL
all of the following are required for the above base handheld devices						
KT-61579-01	50	Kit to retrofit terminal for use with 3400mAh battery; includes battery & door assembly	\$165	\$8,250	required	
21-60332-01	50	3400mAh battery only	\$150	\$7,500	required	
CRD8800B-100S	50	Cradle, comm cable, power supply, line cord	\$245	\$12,250		
UCC8800-00	50	Cable Cup: Provides serial and USB connection, and power using	\$75	\$3,750		
11-43912-03	17	Stylus (3 Pack Tethered)	\$15	\$255		
Printers (minimum of 10)						
RL222424-C22	50	Code Ranger Printer 2" Roll - Infrared, serial, Misys firmware,	\$845	\$42,250		
101-162-01	50	RD22 Printer Carrying Case (for 2" Infrared serial model)	\$50	\$2,500		
101-439-01	50	6' Serial Cable to Printer (required for backup)	\$115	\$5,750	required	
101-215-01K	1	6' Coiled PC Cable to Printer	\$10	\$10		
101-290-01	50	Code Ranger Fast Charger	\$100	\$5,000	required	
101-221-01	50	Code Ranger Backup Battery	\$72	\$3,600		
		*****CANNOT BE CLIENT SUPPLIED*****				
		(client cannot purchase more hardware than the number of software licenses)				
LANE Passport Faxing Solution (Includes server hardware)						
RBR module is currently in development. This could delay implementation of that functionality.						
Each line supports up to 60 pages per hour						
1420-8000	1	Passport LT Base Package (2 lines Outbound)	\$6,500	\$6,500	Includes Server	
		Dell Server w/o RAID controller, design of one cover page only)				
1420-8060	1	Passport 24x7 Software Support (1 year)	\$2,300	\$2,300		
1420-8012	1	SMTP Internet Mail Gateway	\$1,500	\$1,500	Error Reporting Tool	
1420-8051	1	Installation/Training - Remote via telephone	\$910	\$910		
1420-8030	1	Workstation Fax Upgrade - 16 Seats (for Ad Hoc)	\$2,000	\$2,000		
1420-8070	1	Ad Hoc Scheduled Faxing	\$1,500	\$1,500		
1420-8035	1	Compaq ML350-G4 Rack - 24x7 Support (monitor not included)	\$2,200	\$2,200	Compaq Rack Upgrade	
		SUBTOTAL		\$234,404		
PERSONAL COMPUTERS:						
SERVER RACK						
Rack-St. Raphael	1	Compaq 10642 (42U) Rack	\$9,894	\$9,894		
		Compaq rack model 10642 (42U). The rack includes a 15" flat panel				
		Warranty - 3 Year Next Business Day On-Site Service				
Administrative Server:						
MH-CPQ-ADMIN-R	1	Compaq ProLiant DL380R04 Server	\$9,647	\$9,647		
		Features: 3.4GHz Xeon processor, 1GB memory, integrated SMART Array Si RAID controller with BBWC enabler, CD-ROM drive, three 36GB 15K Ultra3 disks, 40GB DDS-4 4mm tape drive, redundant fan, redundant power, integrated 10/100 Ethernet controller				
		Software: Includes Windows 2000 Server, 5 Client, Microsoft SQL Server 2000, 5 Client, PCAnywhere Note: Crystal Reports and SQL 2000 Server are required for testing applications that require this software.				
		3 Year Parts, On-site 1BD				
required for RBR and Client Calls Testing						
OEM-DVPRC90	1	Business Objects Crystal Reports 9.0 Developer Edition	\$595	\$595		
MN-OEM-DVPRC90	1	Business Objects Crystal Reports 9.0 Developer Maint.			\$9	\$9
C78-00480	5	Microsoft® Windows® 2000 Server CAL English OLP NL	\$30	\$150		
359-00532	5	Microsoft® SQL Server 2000 CAL English OLP NL	\$146	\$730		

# MA ORDER FORM # 1



ITEM CODE	QTY	DESCRIPTION	HARDWARE UNIT PRICE	NET TOTAL	MAINTENANCE / MONTH UNIT PRICE	TOTAL
<b>Crystal Enterprise Server:</b>						
MH-CPQ-INFO-R	1	25 concurrent Crystal Enterprise users, 100 stored reports, 1-5 concurrent reports Compaq Proliant DL380R04 Server Features: Dual 3.4GHz Xeon processors, 1MB L2cache, 2GB main memory, integrated SMART Array RAID controller with BBWC, CD-ROM drive, three 36GB Ultra320 SCSI hard hot swap drives, 40GB DDS-4 4mm tape drive, Dual Integrated 10/100/1000 Ethernet controllers  Software Includes: Microsoft Windows 2000 Server and PCAnywhere for Win95/NT  Warranty - 3 Years parts, 1BD On-Site	\$10,020	\$10,020		
<b>Crystal Enterprise:</b>						
OEM-VNIPP90	9	Business Objects Crystal Enterprise 9.0 Named User	\$700	\$6,300		
MN-OEM-VNIPP90	9	Business Objects Crystal Enterprise 9.0 Named User Maint.			\$11	\$99
OEM-DVPRC90	3	Business Objects Crystal Reports 9.0 Developer Edition	\$595	\$1,785		
MN-OEM-DVPRC90	3	Business Objects Crystal Reports 9.0 Developer Maint.			\$9	\$27
<b>General Lab PC</b>						
MH-CPQ-LAB/LARS-PC	56	Evo D530 Pentium® 4, 2.66GHz/533MHz - Convertible Minitor Features: 2.66GHz/533MHz Pentium 4 processor, 256MB DDR memory, 40GB hard drive, 48x CD-ROM, 17" monitor, integrated 10/100Mbps Ethernet adapter, 1.44MB diskette drive, keyboard and mouse  Software: Windows XP Professional preinstalled, SmarTerm Essential and client access licenses for Windows XP Professional	Client Supplied & Supported			
<b>Ad Hoc Report Writer PC</b>						
MH-CPQ-MAP-PC	9	Evo D530 Pentium® 4, 2.66GHz/533MHz - Convertible Minitor Features: 2.66GHz/533MHz Pentium 4 processor, 256MB DDR memory, 40GB hard drive, 48x CD-ROM, 17" monitor, integrated 10/100Mbps Ethernet adapter, 1.44MB diskette drive, keyboard and mouse  Software: Windows XP Professional preinstalled, SmarTerm Essential and client access licenses for Windows XP Professional	Client Supplied & Supported			
<b>SMART/Client Calls Server</b>						
MH-CPQ-SMARTCC-R	1	Additional Windows 2000 Server and SQL Client Access Licenses are required for more than 20 concurrent users. Compaq Proliant DL380R04 Server Features: 3.4GHz Xeon processor, 1MB L2 cache, 1GB main memory, integrated dual channel Ultra3 SCSI controller, integrated SMART Array RAID controller, Battery Backed Write Cache, CD-ROM drive, four 36GB Ultra3 SCSI hard hot swap drives, 20/40GB DDS-4 4mm tape drive, integrated 10/100 Ethernet controller  Software: Includes Windows 2000 Server, 20 Client Microsoft SQL 7.0, 20 Client, and PCAnywhere for Windows 2000 95/98/NT  Warranty - 3 Year Next Business Day On-Site Service	\$13,792	\$13,792		

# MA ORDER FORM # 1



ITEM CODE	QTY	DESCRIPTION	HARDWARE UNIT PRICE	NET TOTAL	MAINTENANCE / MONTH UNIT PRICE	MONTH TOTAL
OEM-DVPRC90	1	Business Objects Crystal Reports 9.0 Developer Edition	\$595	\$595		
MN-OEM-DVPRC90	1	Business Objects Crystal Reports 9.0 Developer Maint.			\$9	\$9
<b>Client Calls Workstation:</b> MH-CPQ-CC-PC	4	Evo D530 Pentium® 4, 2.66GHz/533MHz - Convertible Min tower Features: 2.66GHz/533MHz Pentium 4 processor, 256MB DDR memory, 40GB hard drive, 48x CD-ROM, 17" monitor, integrated 10/100Mbps Ethernet adapter, 1.44MB diskette drive, keyboard and mouse  Software: Windows XP Professional preinstalled, SmarTerm Essential and client access licenses for Windows XP Professional	Client Supplied & Supported			
			\$595	\$2,380		
OEM-DVPRC90	4	Business Objects Crystal Reports 9.0 Developer Edition				
MN-OEM-DVPRC90	4	Business Objects Crystal Reports 9.0 Developer Maint.			\$9	\$36
		Requisition Based Reports Server Supports 3000 reports per day.				
<b>RBR SERVER</b> MH-CPQ-RBR-R	1	Compaq Proliant DL380R04 Server Features: Dual 3.4GHz Xeon processors, 1MB L2cache, 1GB main memory, integrated dual channel Ultra3 SCSI controller, integrated SMART Array RAID controller w/Battery Backup, CD-ROM drive, three 36GB Ultra320 SCSI hard hot swap drives, 20/40GB DDS-4 4mm tape drive, integrated 10/100 Ethernet controller, VPN Appliance One Digi EtherLite 160, sixteen 3COM 56K V.Everything modems, sixteen Digi International RJ-45 to DB-25 DTE Adapters  Software: Includes Windows 2000 Server, 5 Client, Microsoft SQL 7.0, 5 Client, PCAnywhere for Windows 2000 95/98/NT and Crystal Reports 8 Developer Edition  Warranty - 3 Years Parts, 1BD	\$18,927	\$18,927		
MN-OEM-DVPRC90	1	Business Objects Crystal Reports 9.0 Developer Maint.			\$9	\$9
<b>RBR Workstation:</b> MH-CPQ-RBR-PC	1	Evo D530 Pentium® 4, 2.66GHz/533MHz - Convertible Min tower Features: 2.66GHz/533MHz Pentium 4 processor, 256MB DDR memory, 40GB hard drive, 48x CD-ROM, 17" monitor, integrated 10/100Mbps Ethernet adapter, 1.44MB diskette drive, keyboard and mouse  Software: Windows XP Professional preinstalled, SmarTerm Essential and client access licenses for Windows XP Professional	Client Supplied & Supported			
OEM-DVPRC90	1	Business Objects Crystal Reports 9.0 Developer Edition	\$595	\$595		
MN-OEM-DVPRC90	1	Business Objects Crystal Reports 9.0 Developer Maint.			\$9	\$9

# MA ORDER FORM # 1



ITEM CODE	QTY	DESCRIPTION	HARDWARE UNIT PRICE	NET TOTAL	MAINTENANCE / MONTH UNIT PRICE	TOTAL
<b>Encompass Web Server</b>						
MH-CPQ-ENC/WEB-L-RCK	1	VeriSign® certificate is required and is the responsibility of the client Compaq Proliant DL380R03 Server  Features: 2.4GHz Xeon processor, 1GB main memory, integrated SMART Array 5i RAID controller w/battery backed write cache option, CD-ROM drive, three 36GB disks, 20/40GB DDS-4 4mm tape drive, integrated 10/100 Ethernet controller, 56K modem, Netscreen 5XP VPN appliance  Software: Includes Microsoft Windows 2000 Server, Apache HTTP Server 2.0, VeriSign Secure ID Server ID and PCAnywhere v11  Warranty - SelectCare 3 Year Next Business Day On-Site Service	\$9,172	\$9,172		
<b>Encompass Integration Server</b>						
MH-CPQ-ENC/INT-L-RCK	1	Compaq Proliant DL380R03 Server Features: 2.4GHz Xeon processor, 1GB main memory, integrated SMART Array 5i RAID controller w/battery backed write cache option, CD-ROM drive, four 36GB disks, 20/40GB DDS-4 4mm tape drive, integrated 10/100 Ethernet controller, 56K modem  Software: Includes Microsoft Windows 2000 Server, Microsoft SQL Server 2000, SeeBeyond e*Index Global Identifier, Misys Egate and PCAnywhere v11  Warranty - SelectCare 3 Year Next Business Day On-Site Service	\$28,370	\$28,370		
<b>Third Party Software Support:</b>						
MN-E-INDEX	1	SeeBeyond e*Index EMPI Maintenance			\$375	\$375
<b>Encompass Database Server</b>						
MH-CPQ-ENC/DB-RCK	1	Compaq Proliant ML570G2 Rack Server Features: Dual 2.0GHz Xeon processors, 3GB main memory, Smart Array 5312 RAID controller, CD-ROM, four 36GB disks, 20/40GB DDS-4 4mm tape drive, redundant power supplies and fans, integrated 10/100 Ethernet controller, 56K modem  Software: Includes Microsoft Windows 2000 Server, InterSystems Cache 4.1.5, Info-X CPT/HCPCS Package, Info-X ICD-9 Volume1 /Diagnosis Codes w/Short Description, Info-X LMRP for Misys Encompass, Tomcat Java Server 4.0, Independent Itext, Visual Mining NetCharts Beans and PCAnywhere v11  Warranty - SelectCare 3 Year Next Business Day On-Site Service	\$27,072	\$27,072		
<b>Third Party Software Support:</b>						
MN-NETBEANS	1	Visual Mining Inc. NetCharts Beans Maintenance	\$44	\$44		
<b>Third Party Software:</b>						
C-ENAU	25	InterSystems Caché Enterprise Named Active User MS-PS	\$650	\$16,250		
MN-C-ENAU	25	Maintenance InterSystems Caché ENAU-MSPS			\$12	\$300
MN-LMRP-ENC	1	Info-X LMRP Annual Renewal and Update - Post Year 1			\$400	\$400
MN-CPT/HCPCS	1	Info-X CPT/HCPCS Annual Package Renewal - Post Year 1			\$27	\$27
MN-ICD-9	1	Info-X ICD-9 Annual Renewal w/Short Description - Post Year 1			\$14	\$14

# MA ORDER FORM # 1



ITEM CODE	QTY	DESCRIPTION	HARDWARE UNIT PRICE	NET TOTAL	MAINTENANCE / MONTH UNIT PRICE TOTAL
<b>INSIGHT SERVER:</b>					
MH-CPQ-INSIGHT-M-R	1	20,000 - 40,000 HL7 Messages per day Compaq Proliant ML570G2 Server Features: Quad 3.0GHz Intel Xeon processors, redundant hot pluggable power supplies, 4GB memory, 6402 dual channel RAID controller w/128MB cache (two internal channels), Hot Plug DAT40 tape drive, CD-ROM, 1.44Mb diskette drive, five 36GB SCSI hard drives, 10/100 Ethernet adapter, 56K Modem  Software: Includes Microsoft Windows 2000 Advanced Server, SQL Server 2000 Enterprise Edition, Outlook 2000 Win32 and PCAnywhere v11  Warranty - 3Yr Same Day 4Hr Response Parts + Onsite Labor (7 Days x 24 Hours) 7,000 - 20,000 HL7 Messages per day	\$55,645	\$55,645	
<b>INSIGHT TEST WORKSTATION: (required)</b>					
MH-CPQ-INSIGHT-TEST-M-R	1	Compaq Proliant DL380R04 Server  Features: Dual 3.4GHz Xeon processors, 1MB L2cache, 2GB main memory, integrated dual channel Ultra3 SCSI controller, integrated SMART Array RAID controller w/Battery Backup, CD-ROM drive, three 36GB Ultra320 SCSI hard hot swap drives, integrated 10/100 Ethernet controller, 56K Modem  Software: Includes Microsoft Windows 2000 Server, SQL Server 2000, Outlook 2000 Win32 and PCAnywhere v11  Warranty - 3Yr Same Day 4Hr Response Parts + Onsite Labor (7 Days x 24 Hours)	\$11,672	\$11,672	
NEU-RL	1	Neuron Data Runtime License	Included	Included	
077-02012	1	Microsoft Access 2000 98/WME/NT/W2K	Client Supplied & Supported		required
<b>Pager Service:</b> Site will contract with pager service vendor of choice to provide alpha-numeric pagers. Pagers should be capable of displaying 200-character length messages and hold at least 20 pages in memory. Site must provide its own e-mail gateway. Estimated average monthly charge for alpha-numeric pagers ranges from \$10 to \$50 per pager per month.					
<b>E-Mail Service:</b> Site will provide MAPI compliant e-mail services for Insight, preferably SMTP/POP or MS Exchange.					
<b>SUBTOTAL</b>				\$223,635	\$1,314
<b>HARDWARE SERVICES:</b>					
SV-HWI-FS	1	Hardware Integration/Staging Service	\$35,472		
IBM-72412	1	IBM 12 Month Warranty Service Upgrade 24x7, 4HR (Estimated) IBM Installation (for installation quotation contact 1-800-IBM-SERV)	\$7,500	\$7,500	
				Client Installable	
				Client must contract with IBM	
<b>SUBTOTAL</b>				\$7,500	
<b>SUBTOTAL HARDWARE PRICE</b>				\$699,677	\$2,358
<b>LESS HARDWARE DISCOUNT</b>				(\$108,857)	
<b>TOTAL HARDWARE PRICE</b>				\$590,820	\$2,358



## SCHEDULE C – SERVICES

## SECTION 1 – SERVICES QUOTE

ITEM CODE	QTY	DESCRIPTION	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
*****IMPLEMENTATION SERVICES***** Prices Effective Through ***February 16, 2005***						
SQ-FXL-IN	1	Misys Laboratory™/Micro Implementation/Training		\$81,750		
SQ-FXL/ST-TN	1	SMART Training/Installation		\$28,000		
SQ-BLB-IN	1	Misys Blood Bank Implementation/Training		\$21,000		
SQ-BLB/PDF-CV	1	Blood Bank Patient Demog. and Transf. History Conv. [Foreign]	\$15,000	\$15,000		
SQ-BLB/UCF-CV	1	Blood Bank Unit Conv. [Foreign]	\$20,000	\$20,000		
SQ-O/ORL5.23-IN	1	Outreach Laboratory Implementation		\$17,300		
SQ-LAW-IN	1	LAB ACCESS® SOFTWARE INSTALLATION (Includes Phone Support Only)		Included		
SQ-AHR/A-TN	2	Misys Ad Hoc Report Writer™ Training - Add'l Attendee Lab Prerequisite: completion of Tutorial CDs	\$1,625	\$3,250	Optional	
MH-MLAB/49-CE	10	Misys iMentor™ Laboratory Subscription 10-49 Students			\$20	\$200
SV-ENC-RR	1	Misys Encompass™ TID - Results	\$12,500	\$12,500		
SV-ENC-OE	1	Misys Encompass™ TID - Orders	\$12,500	\$12,500		
SV-LAB-MCM	1	Misys Collection Manager Implementation	\$25,000	\$25,000		
SV-INSIGHT	1	Misys Insight™ Program Services (Assessment/Install) for Laboratory Clinical Module	\$45,000	\$45,000		
MH-INS/AM-IN	2	Misys Insight™ Program Services (Assessment/Install) for additional Clinical Module (Radiology and Pharmacy)	\$10,000	\$20,000		
MH-INS/RE-IN	1	Misys Insight™ Rule Editor Module Training (Includes training for one attendee at Misys facility)	Included	Included		
SUBTOTAL IMPLEMENTATION SERVICES				\$301,300		\$200
LESS SERVICES DISCOUNT				(\$150,650)		
TOTAL IMPLEMENTATION SERVICES				\$150,650		\$200
Training and Installation pricing is exclusive of Misys and Client travel and expenses. Client is responsible for all travel expenses.						
*****SYSTEM PRICING SUMMARY*****						
TOTAL SOFTWARE PRICE				\$108,532		\$11,081
TOTAL HARDWARE PRICE				\$590,820		\$2,358
TOTAL IMPLEMENTATION SERVICES PRICE				\$150,650		\$200
TOTAL SYSTEM PRICE				\$850,002		\$13,639
Note: Total prices are exclusive of all applicable state and local taxes. All Freight and Insurance fees are the responsibility of the Client.						

**SECTION 2 – SERVICE SPECIFICATION SHEETS****MISYS LABORATORY™ IMPLEMENTATION (FOR NEW CLIENTS)**

This Schedule contains standard information on the following topics, related to the implementation of the Misys Laboratory™ system. Because Misys is committed to continuously improving our products and services, information contained herein is subject to change.

**1.1 Overview**

Depending upon the products licensed and services purchased by the Client, the Misys Laboratory System implementation may include resources, application expertise and project management for one (1) or more of the following:

- Misys Laboratory
- Microbiology
- Application Interfacing
- Misys iMentor™
- Outreach
- Blood Bank Transfusion
- Blood Bank Donor
- Instrument Interfacing
- Misys Ad Hoc Report Writer™
- Specimen Management, Routing and Tracking ("SMART")
- Blood Bank Data Conversion(s)

Depending on the products licensed and services purchased by the Client, the Client will be responsible for providing the following:

- Technical resources to complete all aspects of the implementation
- Connectivity for all hardware associated with each Misys product
- Internet connectivity
- Expertise as outlined below

**1.2 Hardware and Software Installation**

Misys will install Misys supplied Software and Third Party Software either remotely (via the phone) or at a Misys facility prior to shipping the hardware to the Client's site. Tasks for software installation may include installing and configuring the base operating system, loading Misys specific additions to the operating system, creating the requisite file systems, installing and tuning the database management software, creating the databases and installing the Misys application. In addition to addressing system issues during the installation process, Misys will provide the Client with training on system operations, monitoring and troubleshooting.

The Client is required to have an existing local area network at the Client's site, the hardware must be an approved Misys configuration, and the Client must cable all hardware, install and setup the CPU(s), servers, PCs, modems, printers, etc. Following the dates set forth in the Implementation Schedule, the Client must also configure and connect the devices to the network so that they function with the System. Required Client skill sets and knowledge include:

- Understanding cabling concepts for facilities' current cabling and network



- Knowledge of cabling installation and troubleshooting
- Experience with NT networks (if applicable)
- Experience with server setup and device connections to servers
- Knowledge of setup of System hardware components
- Knowledge of application load on end user PCs
- Experience with computer room setup
- Experience with basic screen commands for loading tapes

Some hardware configurations are Client installable. Other configurations may require installation by the manufacturer. Should manufacturer installation services be required, the cost will be included in the provided price quotation. In the event that the Client requires installation assistance for an installation deemed Client installable, the Client should contact the appropriate hardware manufacturer. If services are arranged with the manufacturer, the Client will be invoiced directly by that manufacturer. Both IBM and Compaq installation services do not include networking devices, I/O devices or cabling.

Communication ports may be added to permit the connection of additional devices. The costs would be dependent upon unit cost per device and communication ports. The number of devices required to effectively use the Misys System may vary slightly depending on the Client's selection of the many Misys application features. Any devices added to this configuration will be at the Client's expense. Maintenance is most cost effective by return to the factory repair.

All input/output devices supplied by Misys to Client in price quotation shall include applicable interfaces (e.g. serial or parallel interface, network interface card, etc.) to connect the Misys-supplied input/output devices to Client's network. The physical connection (e.g. adapters, cables, etc.) from the Misys-supplied device to the Client's network shall be supplied by the Client. For any Misys-recommended input/output devices that Client supplies, Client shall be responsible for all applicable connectors and the connection from such connectors to Client's network. Misys will recommend connectors at Client's request. Input/output devices and applicable connectors that are not compliant with Misys' recommendations and specifications shall be considered **"CLIENT SUPPLIED AND SUPPORTED."** The support and maintenance of all such devices will be the responsibility of the Client.

### 1.3 Instrument Interfaces

All instruments must be interface-ready (interface software, RS232 com port or TCP/IP relay) prior to the date that the instrument software is installed. To ensure timely instrument interface development and implementation, the Client will be responsible for coordinating efforts between the instrument vendor and Misys. The Client must provide Misys with accurate, detailed manufacturer's specifications a minimum of eight (8) weeks prior to the scheduled installation of any interface. The Client must cable all instruments to terminal servers, complete any new instrument installations and configure all instruments to function with the Misys Laboratory Software in accordance with the timelines set forth in the Implementation Schedule. If the Client wishes to maintain interfaces to another laboratory information system while testing the Misys System, the Client must notify Misys, in writing, no less than four (4) weeks prior to the scheduled installation of the interfaces. Client skill sets and knowledge requirements include:

- Ability to understand cabling concepts necessary to connect and troubleshoot instruments to the Client's current cabling and network
- Ability to install instruments, including communication settings
- Familiarity with pin-out configurations and adapter modifications
- Ability to prepare and run specimens on each instrument
- Ability to troubleshoot errors on the instrument console
- Ability to understand robotic installation and the necessary modular interfaces to support a robotic environment (if applicable)





#### 1.4 Application Interface Installation

Misys will negotiate and answer technical questions that pertain to the interface specification, install the interface code, address questions regarding the testing interfaces and ensure Misys assigned tasks are performed and completed on schedule.

The Client is responsible for coordinating and managing Application Interface (as defined below) activities between third party application systems vendors and Misys to ensure the dates set forth in the Implementation Schedule are met. Application Interfaces include interfaces to hospital information systems, financial systems, reference labs (if applicable) and other foreign systems ("Application Interface"). The Client must provide Misys with accurate, detailed manufacturer's specifications a minimum of fifteen (15) weeks prior to the scheduled installation of any interface. All associated foreign systems must be live and all cabling must be ready to send transactions in accordance with the timelines set forth in the Implementation Schedule. Required Client skill sets and knowledge include:

- Familiarity with Application Interface specifications and HL7 (or other applicable standards) interface
- Experience with associated systems operations and procedures
- Knowledge of establishing and maintaining communication between the associated system and the Misys System
- Ability to access interface engine/HUB operations (if applicable)
- Ability to view, read and troubleshoot associated transactions between the Application Interface and the System
- Ability to work with third party application vendor representative
- Ability to create and send ADT, order entry and result transactions over the Application Interface (if applicable)
- Ability to stop and successfully restart Application Interfaces

#### 1.5 Data Conversions

If data conversions are purchased, Misys will provide conversion information to the Client and will work with the Client to identify activities required to successfully transition converted data. Misys will also provide specifications to assist the Client with formatting the extracted data and will notify Client when testing of converted data can begin. Misys will work with the Client to resolve any errors encountered during the testing period.

The Client or Client designated third party vendor is responsible for accessing and extracting the data from the legacy system, transferring the extracted files to the Misys System, and comparing the converted data to the data as it exists on the legacy system. Misys will provide specifications to assist the Client with formatting the extracted data. Depending upon conversions purchased by the Client, data conversion information can include one or more of the following:

Blood Bank Patient Demographic and Transfusion History Conversion - Blood Bank patient demographic data (name, age, sex, ABO/RH, antibodies/antigens and transfusion history) is extracted from the previous Misys Blood Bank system and uploaded to the new Misys Blood Bank system. This conversion is not transactionalized and therefore, the user is only able to inquire on the data. These files can be accessed through a conversion inquiry function and also through other Blood Bank functions including Blood Bank Inquiry and Blood Order Processing.

Blood Bank Unit Conversion - Blood Bank unit data (patient testing with reaction results, unit demographic and final disposition records, product testing with reaction results, patient unit testing with reaction results/phases, unit history record, autologous/direct unit assignee record) is extracted from the



previous Misys Blood Bank system and uploaded to the new Misys Blood Bank system. This conversion is not transactionalized and therefore the user is only able to inquire on the data. These files can be accessed through a conversion inquiry function.

Blood Bank Patient Demographic/Transfusion History and Unit Data Conversion - Blood Bank patient demographic data (name, age, sex, ABO/RH, antibodies/antigens and transfusion history) and unit data (patient testing with reaction results, unit demographic and final disposition records, product testing with reaction results, patient unit testing with reaction results/phases, unit history record, autologous/direct unit assignee record) is extracted from the previous Misys Blood Bank system and uploaded to the new Misys Blood Bank system. This conversion is not transactionalized and therefore, the user is only able to inquire on the data. The patient files can be accessed through a conversion inquiry function and also through other Blood Bank functions including Blood Bank Inquiry and Blood Order Processing. Unit files can be accessed through a conversion inquiry function.

Blood Bank Patient Demographic and Transfusion History Conversion (Foreign to Misys system) - Previous vendor creates a flat ASCII file to Misys Laboratory specifications which is then uploaded to the Misys Laboratory system. Data includes patient demographics (name, age, sex), ABO/RH, antibodies/antigens, and transfusion history. This conversion creates an inquiry only data file in which the converted data is accessed.

Blood Bank Unit Conversion (Foreign to Misys Healthcare Systems) - Previous vendor creates a flat ASCII file, to Misys Laboratory specifications, which is then uploaded to the Misys Laboratory system. Data includes patient testing with reaction results, unit demographic and final disposition records, product testing with reaction results, patient unit testing with reaction results/phases, unit history record, and autologous/directed unit assignee record. This conversion creates an inquiry only data file in which the converted data is accessed.

Blood Bank Patient Demographic/Transfusion History and Unit Data Conversion (Foreign to Misys system) - Previous vendor creates a flat ASCII file, to Misys Laboratory specifications, which is then uploaded to the Misys Laboratory system. Patient data includes patient demographics (name, age, sex), ABO/RH, antibodies/antigens, and transfusion history. Unit data includes patient testing with reaction results, unit demographic and final disposition records, product testing with reaction results, patient unit testing with reaction results/phases, unit history record, and autologous/directed unit assignee record. This conversion creates an inquiry only data file in which the converted data is accessed.



## ***Champion Teams (Project Teams)***

### **Misys Champion Team**

The Misys Implementation Department will assign a Misys Champion Team who will work with the Client throughout the implementation. The Misys Champion Team will work with the Client to create, monitor and update the Implementation Schedule and detailed task plan. The Champion/Project team consists of a Project Champion (Project Manager) and various technical team members as needed for the implementation. The Project Champion oversees and manages Misys' responsibilities throughout the implementation of the project. The Misys Project Champion will arrange necessary meetings with other Misys departments, facilitate conference calls, provide status updates after each major milestone or training and advise the Client of issues that can adversely affect the Implementation Schedule.

Misys Champion Team members will:

- Utilize a team-oriented approach providing the opportunity for the Client to work with specialists or champions from each area (systems, database, devices, etc.)
  - Collaborate via a shared detailed Implementation Schedule/project plan.
  - Participate in conference calls with Client Champion Team members as needed
  - Provide application and technical training in their area of expertise
- 
- Address application and technical troubleshooting support throughout the implementation.
  - Provide support at Live Operation

The Misys Champion Team is designed to mirror the Client Champion Team and will perform or facilitate parallel tasks and responsibilities.

#### **(a) Client Champion Team Skills and Resource Requirements**

The Client must select a team whose members possess the skills and experience as described below. Team members must be named at time of contract execution. The Client Champion Team is responsible for participating in all training applicable to their area of expertise, designing the database and inputting the data, training end users, and monitoring and troubleshooting the System. Success of the implementation is highly dependent upon appropriate qualified personnel selection to serve on this team.

The Client Project Champion/System Manager oversees and manages the Client's responsibilities throughout the implementation of the project. The Project Champion/System Manager must be free from day to day management duties to devote full-time effort to the implementation of the System. This individual must also be empowered to make decisions regarding the implementation for all sites and facilities involved.

All Champion Team members, including the Project Champion/System Manager, must:

- be available from the onset of the Implementation Schedule through to its completion
- be familiar with the policies and procedures in each Client department(s)
- be available for all applicable training events
- have the ability to teach and train others
- have experience working with a PC in a Windows environment

The Client Team members must include the following personnel to assist in the implementation of the Software:



<b>Client Champion Team for Misys Laboratory/Microbiology</b>	
<b>Project Champion</b>	The Project Champion must be a full time dedicated resource to oversee the implementation process. This individual must be named at the time of contract execution. Managing to the implementation schedule, coordinating implementation activities, and assuring appropriate communication between all parties are important aspects of this position. This individual works directly with the Misys Project Champion to manage the implementation.
<b>Database/Workflow Champion</b>	The Database/Workflow Champion must be dedicated at least eighty percent (80%) to the Implementation, to lead the building and customizing of the Misys Laboratory Software for all areas of the laboratory. This individual should be knowledgeable in the workflow of the Client's laboratory, and be empowered to assemble a team from all areas/facilities to make decisions about workflow.
<b>Device Champion</b>	The Device Champion is responsible for all activities associated with the installation of Misys Laboratory peripheral devices. The Device Champion must be available throughout the implementation, with sixty percent (60%) of his or her time dedicated to the project.
<b>Systems Champion</b>	The Systems Champion is responsible for the installation, configuration, and maintenance of Unix-based servers and the supporting hardware and operating systems associated with the implementation. This champion must be available throughout the implementation, with twenty-five to fifty percent (25-50%) availability needed for various tasks.
<b>Instrument Interface Champion</b>	The Instrument Interface Champion will work with the Misys Instrument Champion to confirm instrument cabling and data flow to the Misys Laboratory Software. This champion must have the flexibility to dedicate at least twenty (20) hours of testing to each instrument interfaced to the Misys Laboratory Software.
<b>Billing Interface Champion</b>	The Billing Champion is responsible for all tasks necessary for installation and testing of the billing interface. This champion must be available fifteen percent (15%) of the time during the specification negotiation phase and twenty-five percent (25%) of the time during the interface testing phase.
<b>Application Interface Champion</b>	The Application Interface Champion is responsible for coordinating resources to complete all phases of interface installation and testing of HIS (admission/discharge/transfer, orders and results) and reference lab interfaces. A minimum of sixty percent (60%) of this champion's time must be dedicated to the implementation of interfaces throughout the project.
<b>SMART/Outreach Champions (if applicable)</b>	Clients installing SMART and/or Outreach features must appoint two (2) champions dedicated to installing SMART and/or Outreach. These champions must attend all Misys Laboratory training as well as SMART and/or Outreach-specific training classes. They must have access to the Outreach and SMART servers for printer definitions.
<b>Blood Bank/Blood Donor Client Champion Team</b>	
<b>Blood Bank Champions (if applicable)</b>	Clients installing Blood Bank (transfusion and/or donor) must appoint a separate Champion Team consisting of two (2) members from the blood bank department. The Blood Bank manager and/or Project Champion/System Manager must be available for decision-making tasks as well as for escalation processes. The Blood Bank Champions must be available throughout the entire implementation project, with at least seventy-five percent (75%) of their time dedicated to the project.



Percentages stated above are based on a full-time employee status and may vary based upon the size and complexity of the implementation project.

Note: To address long term care and maintenance of the System, the Project Champion and/or the Database Champion must emerge as the full-time System Manager post-implementation.

### 1.6 Training

The Misys Champion Team will provide training for the Client Champion Team on all aspects of the implementation, which may include:

- Database
- Application interfaces
- System monitoring and troubleshooting
- System operations
- System functionality
- Supported devices

For each product licensed, the Client will receive technical and user operator manuals for the Software (via CD) provided by Misys, in accordance with the Implementation Schedule.

Training classes are conducted throughout the implementation process via remote technologies, onsite, or at a Misys training facility. Every training experience is designed to address site-specific questions and workflow needs.

If onsite training is scheduled, Client is responsible for providing and preparing training rooms as specified below:

- The training room must be large enough to accommodate all training participants.
- Training aids, e.g., white board, flip chart, conference phone, etc. must be supplied.
- The PCs and peripherals (printers, modems, interfaces, etc.) required for training must be connected to the System CPU, and in good operating condition prior to training.
- The appropriate software must be loaded on each training room PC and server (if applicable) according to Misys instructions.
- Client must supply training participants with their own set of appropriate training documentation.

### Curriculum

The following chart is based on the implementation of Misys Laboratory™ with the Blood Bank and microbiology modules. It summarizes the major training tasks, where the training is held, the length of the training, the number of implementation consultants taking part in the training, and the number of client staff taking part in the training. Please note this information is only a sample and may be subject to change as more effective and efficient methodologies are developed that would enhance the implementation. In order to provide quality training and services, the maximum number of attendees per class is indicated.



Task	Training	Training Length	Number of Misys Staff	Maximum Client Staff	
	Location			Single Facility	Multi-Facility HIDs
<b>Laboratory: General Lab and Microbiology</b>					
Implementation Kickoff	Onsite	1-2 days	2	8	15
Database Planning	Onsite	3.5 days	1	8	15
Core Database Training	Misys Office	5 days	1	8	15
Systems Training	Remote Technologies	10 hours over 2 weeks	1	System Manager	System Manager & Assistant from each facility
Device Training	Remote Technologies	2 hrs over 3 days	1	8	Up to the number of facilities or Device Champions
Instrument Interface Training	Remote Technologies	Based upon number of instruments	1	2	Up to the number of facilities or Instrument Champions
Client Server Training	Remote Technologies	4-6 hours	1	2	2
System Maintenance Training	Remote Technologies	2 hours over 3 days	1	System Manager & Assistant(s) from each facility	System Manager & Assistant(s) from each facility
Customized Database Training	Onsite	5 days	2	8	15
Callback	Remote Technologies	4 hours over 2 days	1	8	15
Outreach Database Training (if purchased)	Onsite	5 days	1	4	8
SMART Training (if purchased)	Onsite	5 days	1	4	8
Customized Interface Training	Onsite	3 days	1	8	8
Reference Lab Maintenance Training	Remote Technologies	2-4 hours	1	2	2
Pre-System Functions Training	Self-Paced	3 days	0	N/A	N/A
Outreach System Functions Training (if purchased)	Onsite	3 days	1	4	8
System Functions and Integration Training	Onsite	5 days	1	8	15
System Monitoring & Troubleshooting Training	Remote Technologies	4 hours over 2 days	1	System Manager	System Manager & Assistant from each facility
Live for HID(s)	Onsite	3 days	3	All Staff	All Staff
Post Implementation Review	Onsite	3 days	1	8	15
<b>Blood Bank Transfusion (if purchased)</b>					



Blood Bank Maintenance Training	Misys Office (Tucson only)	5 days	1	3	8
Blood Bank System Functions and Integration Training	Onsite	3 days	1	3	8
Blood Bank Live for HiD(s)	Onsite	3 days	1	All Staff	All Staff
Ad Hoc Report Writer (if purchased)				Single Facility	Multi-Facility HiDs
Ad Hoc Report Writer Workshop	Misys Office	5 days	1	1 (Additional attendees are quoted per person)	Additional attendees are quoted per person

### Misys iMentor

This service is sold as an annual automatically renewable subscription, within the Client's Software Maintenance Agreement. It is delivered via the internet and is designed to augment traditional classroom training. Services available as part of Misys iMentor include self-paced e-learning spanning a variety of content catalogs that span the Misys product suite, web conference training, or other associated learning events and tools. All users that login to Misys iMentor and use the program to receive training are called Students. Each site has a prescribed number of Students, depending on the package that is selected. Students have access to a wide variety of course topics but may only access and review their own individual training records. The Client, at their option, may designate one (1) of the Students as a "guest" Student. This "guest" Student may be used by anyone at the Client site, however, no training activity will be tracked for any specific person using the "guest" Student login. Each Misys Client that subscribes to Misys iMentor must have one (1) individual named to fulfill a training administrative role. This individual has access to view all training activity and records for all Students at their site and must be named at the time of Misys iMentor activation. This individual must provide Misys with Student information including name and selected password at the time of Misys iMentor activation. This person also acts as a Student when using Misys iMentor for their own training needs.

### 1.7 Live Support

Unless otherwise specified below, Misys Implementation staff will be assigned to support the process to achieve Live Operation of the Software, to occur Tuesday through Thursday of the scheduled week ("Go Live") and will be onsite eight (8) hours per day during normal business hours. The support provided during the Go Live varies by product as described below:



	Misys Support	Required Client Support
<b>Misys Laboratory and Microbiology</b>	Three (3) Implementation staff members will be onsite for three (3) consecutive days (total of 72 support hours).	The Client Champion Team must be onsite and assigned to appropriate shifts throughout the three (3) consecutive days of Misys Implementation support.
<b>Blood Bank Transfusion (if purchased)</b>	One (1) Implementation staff member will be onsite for three (3) consecutive days (total of 24 support hours).	The Client Champion Team must be onsite and assigned to appropriate shifts throughout the three (3) consecutive days of Misys Implementation support.
<b>Blood Bank Donor (if purchased)</b>	One (1) Implementation staff member will be onsite for three (3) consecutive days (total of 24 support hours).	The Client Champion Team must be onsite and assigned to appropriate shifts throughout the three (3) consecutive days of Misys Implementation support.
<b>SMART (if purchased)</b>	<p>If the SMART Go Live coincides with the Go Live for Misys Laboratory, the three (3) Implementation staff members indicated above will be onsite for three (3) consecutive days (total of 72 support hours) for both Misys Laboratory and SMART.</p> <p>If the SMART Go Live does not coincide with the Go Live for Misys Laboratory, an Implementation staff member will be assigned to deliver the above-described support via telephone.</p>	The Implementation Champion Team must be onsite and assigned to appropriate shifts throughout the three (3) consecutive days of Misys Implementation support.
<b>Outreach (if purchased)</b>	<p>If the Outreach Go Live coincides with the Go Live for Misys Laboratory, the three (3) Implementation staff members indicated above will be onsite for three (3) consecutive days (total of 72 support hours) for both Misys Laboratory and Outreach.</p> <p>If the Outreach Go Live does not coincide with the Go Live for Misys Laboratory, an Implementation staff member will be assigned to deliver the above-described support via telephone.</p>	The Client Champion Team must be onsite and assigned to appropriate shifts throughout the three (3) consecutive days of Misys Implementation support.

Transition from the Implementation department to Client Support is facilitated following Live Operation. Note: If the project involves multiple facilities with multiple Live Operation dates, additional charges will be applied for extended implementation services. Any request for Live Operation support outside the standard (Tuesday through Thursday) coverage is subject to additional fees.



**1.8 Implementation Travel and Expenses**

All Misys and Client travel and related expenses incurred throughout the implementation are the responsibility of the Client.

**1.9 Third Party Software****InterSystems Corporation (for Misys Laboratory™)**

The maintenance fee for the InterSystems Cache' license is due and payable directly to Misys who assumes responsibility for maintenance and updates. The InterSystems Cache' license is provided to support an identified maximum number of concurrent Clients on the system. Concurrent is defined as "occurring at the same time."

**1.10 Optional Services**

Additional Misys Implementation Services are available to supplement the standard Misys Laboratory Implementation. The following services are quoted separately from the standard implementation and additional fees may apply.

- Additional Onsite Live Support
- Extended Misys Project Management

Misys Healthcare Consulting (MHC) services are also available to assist Clients in fulfilling Client obligations to a project. MHC services are designed to provide a cost-effective and valuable solution to Client resource gaps or timeline requirements. These services are customized to meet the scope and deliverable requirements on a client-by-client basis. The following services are quoted separately from the standard implementation and additional fees apply. Common MHC services for a Misys Laboratory Implementation include, but are not limited to:

- Onsite Project Management
- Application Database Building and Testing
- Application Interface Assistance
- Instrument Set up and Testing
- End-User Training
- Post-live Application Optimization



Client's Insight Implementation Team	
<b>Clinical Administrator</b>	The Clinical Administrator oversees and manages Client's responsibilities throughout the implementation process. This individual must be able to devote 20% of his or her time to the implementation process and have an understanding of the Client's HIS as well as the daily workflow of caregivers. The Clinical Administrator must also have experience working with Microsoft Access
<b>Site Specialists</b>	<p>Since the Misys Insight system is an integrated system, the Systems Administrator and the Clinical Administrator must work with other personnel in their facility that are experts in specialized areas. A representative from each of the following areas must be able to devote 5% of their time throughout the implementation process to help install Insight:</p> <ul style="list-style-type: none"> <li>• Information Services</li> <li>• Network Services</li> <li>• Telecommunications</li> <li>• Interface Engine</li> <li>• Representatives from the ancillaries that will be interfaced to Insight, e.g., laboratory, HIS, pharmacy, radiology, etc.</li> </ul>
<b>System Administrator</b>	<p>The System Administrator is responsible for managing the daily administration and monitoring of the Insight Software to ensure that HL7 interfaces, Insight core processes, paging gateways, database and E-mail system are operational. This individual must have working knowledge and experience with Microsoft Windows 2000 Server, SQL Server 2000 and Internet Information Services. The System Administrator must dedicate 100% of his or her time during the server hardware and software installation period and be prepared to dedicate 10% of his or her time until the implementation process has been completed.. The System Administrator's abilities and responsibilities include:</p> <ul style="list-style-type: none"> <li>• Routine server backup and restoration</li> <li>• Installation of SQL Server 2000, Microsoft Windows 2000 operating system and Microsoft Windows 2000 Service Pack</li> <li>• Understanding and performing server maintenance</li> <li>• Network administration and working knowledge of Client's network configuration</li> <li>• Administration of user accounts</li> <li>• Knowledge of email accounts for Insight on a MAPI compliant email server</li> </ul>

#### MISYS INSIGHT™ IMPLEMENTATION

The Client Team members must include the following personnel to assist in the implementation of the Software:

Percentages stated above are based on a full-time employee status and may vary based upon the size and complexity of the implementation project.

**Note:** To address long term care and maintenance of the System, the Project Champion and/or the Database Champion should emerge as the full-time System Manager post-implementation.

##### (a) Curriculum

The following chart is based on the implementation of Misys Insight. It summarizes the major training tasks, where the training is held, the length of the training, the number of implementation consultants taking part in the training, and the number of client staff taking part in the training. Please note this information is only a sample and may be subject to change as more effective and efficient methodologies are developed that would enhance the implementation. In order to provide quality training and services, the maximum number of attendees per class is indicated.



Task	Training LOCATION	Length of Training*	Number of Misys Staff	Maximum Client Staff
Misys Insight				
Insight System Administration Training	Onsite	1 Day	1	4
Insight Client Administrator Training	Onsite	2.5 Days	1	4
Rules Editor Training (Training to occur following Live Operation)**	Misys Facility	5 Days	1	See Contract

\* Estimated length of training. Actual training lengths may vary.

\*\* Attendees to this training must have working knowledge and experience with SQL and a programming language. It is highly recommended to take full advantage of this training that attendees have participated in the Insight Implementation and have been live with the Insight system for a minimum of 3 (three) months. In order to receive education discounts for multiple attendees, training must be conducted concurrent with site's other attendee(s).

### Support

Misys Insight installation will commence immediately upon mutual execution of an agreement and will extend for four (4) weeks. It is assumed that Live Operation of all interfaces will be achieved within this timeframe. In the event that Live Operation does not occur within this timeframe, additional services will be required.

### Live Support

Live support takes place during the first three (3) days of Live Operation, and is scheduled between Tuesday and Thursday during normal business hours. If Client wishes to schedule Live Operation outside of the standard Tuesday through Thursday dates, there will be additional fees for this service.

	Misys Support	Required Client Support
Insight	One (1) Misys Consultant member will be assigned for remote support for three (3) consecutive days (total of 24 support hours).	The Client Implementation Team must be onsite and assigned to appropriate shifts throughout the three (3) consecutive days of Misys Healthcare Systems implementation support.

Transition from the Implementation department to Client Support is facilitated following Live Operation.

Note: If the project involves multiple facilities with multiple Live Operation dates, additional charges will be applied for extended implementation services. Any request for Live Operation support outside the standard (Tuesday through Thursday) coverage is subject to additional fees.

### MISYS COLLECTION MANAGER™ SERVICE SPECIFICATION

The Client Project Champion/System Manager oversees and manages the Client's responsibilities throughout the implementation of the project. The Project Champion/System Manager must be able to dedicate a significant amount of time in order to administer the implementation of the System. This individual must also be empowered to make decisions regarding the implementation for all sites and facilities involved.



Misys Collection Manager Implementation	
<b>Collection Manager Project Champion</b>	The Project Champion works directly with the Misys Project Champion to oversee and manage the implementation project. Managing the implementation schedule, coordinating implementation activities, and ensuring appropriate communication among all parties are important aspects of this position. The Project Champion must be dedicated twenty five percent (25%) to the Misys Collection Manager Implementation project.
<b>Application Champions</b>	Clients installing Misys Collection Manager must appoint one (1) champion dedicated to installing and defining this product. This champion must be familiar with application maintenance and functionality, global and database structure as well as troubleshooting of the associated applications (e.g., Misys Laboratory™, etc.). He/she must attend specific training classes. This individual must be knowledgeable in the workflow of the client's environment, and be empowered to assemble a team from all of areas/ facilities to make decisions about the Misys Collection Manager. The Application Champion must be available throughout the implementation, with fifty percent (50%) of his or her time dedicated to the project beginning immediately after training occurs.

\*Percentages stated above are based on a full-time employee status and may vary based upon the size and complexity of the project.

### Training

Training classes are conducted according to the Misys Collection Manager Implementation Schedule via remote technology, onsite or at a Misys training facility. In order to provide quality training, the following chart lists the maximum number of attendees per class. Additional attendee requests will be addressed on a case-by-case basis and will depend on number purchased in original agreement. Additional training fees will be assessed for additional attendees.

Task	Training	Training Length	Number of Misys Staff	Maximum Client Staff	
	Location			Single Facility	Multi-Facility HIDs
<b>MISYS COLLECTION MANAGER</b>					
MCLM software installation on Symbol Hand Held, and Misys Label Designer installation.	On-site	0.5 days	1		
MCLM Functions training.	On-site	0.5 days	1		
Misys Label designer and Cognitive code ranger printer training.	On-site	0.5 days	1		
MCLM Troubleshooting.	On-site	0.5 days			
Live	Remote Support	1 day	1	All Staff	All Staff

### Implementation

The Misys Collection Manager Implementation Services have an allotted number of project management hours associated with the project. This service will be provided over a 10-week period as defined via the Implementation Schedule. Misys will provide technical support throughout the Implementation.

### Live Support

Unless otherwise specified below, Misys staff will be assigned to support the process to achieve Live Operation of the Software, to occur Tuesday through Thursday of the scheduled week ("Go Live") and will be remote eight (8) hours per day during normal business hours. The support provided during the Go Live varies by product as described below:



	Misys Support	Required Client Support
Misys Collection Manager	One (1) Implementation staff member will be remote) for one (1) day (total of 8 support hours).	The Client Champion Team must be onsite and assigned to appropriate shifts throughout the Misys support.

### MISYS ENCOMPASS™ IMPLEMENTATION

Misys Encompass Champion Team	
Project Champion / Encompass Project Manager	<p>The Project Manager oversees and manages the project throughout the implementation.</p> <p>The Project Manager will:</p> <ul style="list-style-type: none"> <li>• Arrange and facilitate meetings and conference calls</li> <li>• Provide regular status updates</li> <li>• Advise the Client of issues that may affect the Implementation Schedule</li> </ul>
Encompass Trainer	<p>The Encompass Trainer will provide training for the Client Project/Champion Team on:</p> <ul style="list-style-type: none"> <li>• Lab Training</li> <li>• Remote Administrators Training</li> <li>• System Administrators Training</li> <li>• Encompass/Remote Administrators EMPI Training</li> <li>• Functionality (end-user) Train-the-Trainer Training</li> </ul>



The Client Team members must include the following personnel to assist in the implementation of the Software:

<b>Client Encompass Champion Team</b>	
<b>Site Project Champion / Encompass Project Manager</b>	<p>The Project Manager oversees and manages the project throughout the implementation. This individual works directly with the Misys Project Manager to manage the implementation.</p> <p>The Project Manager must:</p> <ul style="list-style-type: none"> <li>• Be free from day to day management duties to devote full-time effort to the implementation of the System</li> <li>• Be empowered to make decisions regarding the implementation for all sites and facilities involved</li> <li>• Be named at the time of contract execution</li> </ul> <p>The Project Manager will:</p> <ul style="list-style-type: none"> <li>• Manage to the Implementation Schedule</li> <li>• Coordinate implementation activities</li> <li>• Assure appropriate communication between all parties</li> <li>• Arrange and facilitate internal meetings and conference calls</li> <li>• Provide regular status updates to the Misys Project Manager</li> <li>• Advise the Misys Project Manager of issues that may affect the Implementation Schedule</li> </ul>
<b>Encompass Administrator</b>	<p>The Encompass Administrator manages the technical aspects of the implementation. This individual must dedicate at least 50% FTE to the implementation for Results and 50% FTE to the implementation for Orders (Orders and Results – 100%). It is strongly recommended that this individual emerge as the full-time System Manager post-implementation.</p> <p>Abilities for this individual include:</p> <p><b>REQUIRED:</b></p> <ul style="list-style-type: none"> <li>• Familiarity with healthcare, particularly Outreach operations or physician office-based operations.</li> <li>• Windows/PC Skills</li> <li>• Excellent communication skills</li> <li>• Information systems operations experience, such as backup, start up/shut down, loading software, etc.</li> </ul> <p><b>DESIRED:</b></p> <ul style="list-style-type: none"> <li>• Misys Laboratory™ operations</li> <li>• Working knowledge of billing/regulatory/insurance issues</li> <li>• Networking/firewall (or have strong IT network support component in place)</li> <li>• Microsoft OS operations</li> <li>• Training/software testing experience</li> <li>• Strong customer service skills (i.e. in a front-line support role)</li> <li>• Experience with interfacing technology</li> </ul>
<b>Encompass System Administrator / System Champion</b>	<p>The System Administrator must have working knowledge and experience administering Windows 2000. This champion must be available throughout the implementation, with twenty-five to fifty percent (25-50%) availability needed for various tasks.</p> <p>Abilities and responsibilities for this individual include:</p> <ul style="list-style-type: none"> <li>• Routine server backup and restoration</li> <li>• Installation of Server software, Windows operating system and Service Packs</li> <li>• Understanding and performing server maintenance</li> </ul>



	<ul style="list-style-type: none"> <li>• Network administration and working knowledge of client's network configuration</li> <li>• Firewall and web site setup and administration</li> </ul>
<b>Application Interface Champion</b>	<p>The Application Interface Champion is responsible for coordinating resources to complete the interface installation and testing.</p> <p>Required Client skill sets and knowledge include:</p> <ul style="list-style-type: none"> <li>• Familiarity with Application Interface specifications and HL7 (or other applicable standards) interface concepts</li> <li>• Experience with associated systems operations and procedures</li> <li>• Knowledge of establishing and maintaining communication between systems</li> <li>• Ability to access interface engine/HUB operations (if applicable)</li> <li>• Ability to view, read and troubleshoot associated transactions between the Application Interface and the System</li> <li>• Ability to stop and successfully restart Application Interfaces</li> </ul> <p>A minimum of ten percent (10%-25%) of this champion's time must be dedicated to the implementation of interfaces throughout the project. This resource would serve on an as-needed basis post-live.</p> <p>The Encompass Administrator may serve as the Application Interface Champion.</p>
<b>Encompass Liaison</b>	<p>The Encompass Liaison is a key part of the implementation and must emerge as the full-time Physician/Client support post-implementation. This individual is responsible for the rollout and support of the application to Client customers (i.e. physician offices). The Liaison should have the ability to teach and train other users and marketing representatives.</p>

Percentages stated above are based on a full-time employee status and may vary based upon the size and complexity of the implementation project and post-live environment.

#### Curriculum

The following chart is based on the implementation of Misys Encompass. It summarizes the major training tasks, where the training is held, the length of the training, the number of implementation consultants taking part in the training, and the number of client staff taking part in the training. Please note this information is only a sample and may be subject to change as more effective and efficient methodologies are developed that would enhance the implementation.

Task	Training	Training Length	Number of Misys Staff
	Location		
Project Kick-off Meeting	Remote	1 day	1-2
Lab Database Training	Remote	2 hours	1
Remote Administrator Training	Remote	4 hours	1
System Administrator and End-User Training	Remote	2 hours	1
End-User Training	Remote	2-3 hours	1



### Live Support

Misys Implementation staff will provide remote support during normal business hours, Tuesday through Thursday, of the scheduled week of Live operation.

	Misys Support	Required Client Support
Misys Encompass	One (1) Implementation staff member will provide remote support for three (3) consecutive days (total of 24 support hours) during normal business hours.	The Client Champion Team must be onsite and assigned to appropriate shifts during the three (3) consecutive days of Misys Implementation support.

Transition from the Implementation department to Client Support occurs 2-4 weeks following Live Operation. Any request for Live Operation support outside the standard (Tuesday through Thursday, 8 a.m. to 5 p.m.) coverage is subject to additional fees.

## SYSTEM HARDWARE AND THIRD PARTY SOFTWARE INFORMATION

Depending upon the products purchased by the Client one (1) or more of the following may apply:

### General Information

Operating system software maintenance is provided 24hours per day, 7 days per week per the terms of the Misys Software Maintenance Agreement.

Freight charges are FOB destination. Misys pays freight and insurance invoices then re-invoices Client.

A Hardware Integration Service fee will be charged if server hardware is not purchased through Misys.

The descriptions and prices set forth in the price quotation are valid until the date specified unless otherwise changed by the applicable hardware manufacturers, distributors, and/or remarketers. In the event of a description and/or price change by the applicable hardware manufacturers, distributors, and/or remarketers, Misys reserves the right to update price quotation with the correct description, pricing, item code, and/or model number, as applicable, and pass any associated increase in cost along to the Client. The minimum PC configuration specified in price quotation is valid for ninety (90) days from the date at the bottom of price quotation. Delivery of PCs scheduled by Client after this date will be subject to review and reconfiguration by Misys to assure that Client may take advantage of technology advances in the marketplace. Misys recommends that PCs be ordered as close as possible to the implementation date of the appropriate application. Applicable prices will also be updated and Client will be responsible for any increases. Client may substitute Client Supplied and Supported PCs for the PCs listed in price quotation. If, during installation, special programming is required, Client will be charged \$170 per hour for custom service. Client may not deviate from the specifications set forth in Misys' standard configuration.

All input/output devices supplied by Misys to Client in price quotation shall include applicable interfaces (e.g. serial or parallel interface, network interface card, etc.) to connect the Misys-supplied input/output devices to Client's network. The physical connection (e.g. adapters, cables, etc.) from the Misys-supplied device to the Client's network shall be supplied by the Client. For any Misys-recommended input/output devices that Client supplies, Client shall be responsible for all applicable connectors and the connection from such connectors to Client's network. Misys will recommend connectors at Client's request. Input/output devices and applicable connectors that are not compliant with Misys' recommendations and specifications shall be considered "CLIENT SUPPLIED AND SUPPORTED." The support and maintenance of all such devices will be the responsibility of the Client.

Communication ports may be added to permit the connection of additional PCs or terminals. The costs would be dependent upon unit cost per device and communication ports. The number of PCs and/or terminals required to effectively use the Misys Clinical System may vary slightly depending on the Client's selection of the many Misys Clinical System features. Any PCs and/or terminals added to this configuration will be at the Client's expense. Maintenance is most cost effective by return to the factory repair.





Site preparation costs are borne by the Client and vary widely depending on the nature of existing space and the power and air conditioning available. It is the Client's responsibility to provide all cabling required for system implementation.

#### Hardware

##### ***International Business Machines Corporation ("IBM")/Compaq***

Some hardware configurations are Client installable. Other configurations may require installation by the manufacturer. Should manufacturer installation services be required, the cost will be included in the provided price quotation. In the event that the Client requires installation assistance for an installation deemed Client installable, the Client should contact the appropriate hardware manufacturer. If services are arranged with the manufacturer, the Client will be invoiced directly by that manufacturer. Both IBM and Compaq installation services do not include networking devices, I/O devices or cabling.

**Communication Ports** Communication ports may be added to permit the connection of additional devices. The costs would be dependent upon unit cost per device and communication ports. The number of devices required to effectively use the Misys Clinical Information System may vary slightly depending on the Client's selection of the many Misys Laboratory features. Any devices added to this configuration will be at the Client's expense. Maintenance is most cost effective by return to the factory repair.

##### ***T4 Fax Server***

T4 package price includes one year of 24x7 maintenance, which can be renewed in subsequent years directly through the vendor (T4 Systems Inc.). Site preparation for the T4 solution includes the minimum requirement of three days at \$1,200 per day for continental U.S. installation.

##### ***Forward Advantage Fax Solution***

The Forward Advantage package price includes one year of 24x7 maintenance, which can be renewed in subsequent years directly through the vendor (Forward Advantage). The package also includes remote installation to be provided by Forward Advantage.

#### Third Party Software

##### ***InterSystems Corporation (Misys Laboratory™, Misys Radiology™)***

The maintenance fee for the InterSystems Cache' license is due and payable directly to Misys who assumes responsibility for maintenance and updates. The InterSystems Cache' license is provided to support an identified maximum number of concurrent Clients on the system. Concurrent is defined as "occurring at the same time."

Maintenance fee for the InterSystems Open M license is due and payable directly to Vendor who assumes responsibility for maintenance and updates. The InterSystems Open M license is provided to support an identified maximum number of concurrent jobs on the system. Concurrent is defined as "occurring at the same time". A job is defined as a system process which may be characterized as interactive (i.e. terminals), background (i.e. report formatter0 or batch (i.e. billing extract). For example, a 128 job license allows up to 128 processes to run concurrently.

##### ***Sybase (CoPathPlus®)***

The Sybase License maintenance fee is due and payable directly to Misys who assumes responsibility for maintenance updates. Sybase maintenance will be charged monthly beginning one (1) year from date of purchase of the original Sybase License. The maintenance agreement must be renewed annually.

##### ***Seagate Software (Misys Laboratory, Misys Radiology, Misys Pharmacy™)***

The Seagate maintenance fees are due and payable directly to Misys who assumes responsibility for maintenance updates. Seagate maintenance will be charged monthly beginning one (1) year from date of purchase of the original Seagate Licenses. The maintenance agreement must be renewed annually.



## SECTION 3 – WORK PLAN

## 1.11 Sample Schedule – Misys Laboratory

The following sample implementation schedule is based on a 40-week installation for Misys Laboratory, Microbiology, Outreach, SMART, blood bank transfusion, and HIS interfaces for admission/ discharge/ transfer, order entry, results, reference lab, and billing. The Ad Hoc Report Writer implementation begins after the main application is Live. The schedule lists the task to be performed, the week the task starts and finishes, and the person(s) responsible for completing the task. The weeks assigned to the tasks are approximate, and are modified based on the products purchased, hardware delivery and installation, completion of cabling, and other considerations specific to a client's implementation such as instruments and application interfaces. The client and Misys will design and finalize an implementation schedule with the information collected prior to the Implementation Kickoff Meetings:

Step	TASK	Date Start	Date Finish	Resource
1	Execute Agreement	0	0	Misys, Client
2	Order Hardware	1	1	Misys, Client
3	Order & Ship Documentation	1	3	Misys
4	Submit HIS, Reference Lab Interface, Billing & Microfiche Specifications Forms to Misys (as applicable)	1	4	Client
5	Design Implementation Schedule (all products)	2	5	Misys, Client
6	Install Modem Lines and Modems & Cable Computer Room	3	6	Client
7	Install Cabling for Terminal Servers, Devices for Training, Instruments, HIS & Reference Lab Interfaces	3	6	Client
8	Lab Implementation Kickoff Onsite	5	5	Misys, Client
9	Lab Database Planning Trip	6	6	Misys, Client
10	Complete Preparation of Computer Room	6	6	Client
11	Install CPU's & Peripheral Devices for Database Building	7	7	Client
12	Install Remaining Peripheral Devices for Training	7	20	Client
13	Install Software	8	8	Misys, Client
14	Instrument Software Installation	8	8	Misys
15	Lab Client Server Training	8	8	Misys, Client
16	Lab Core Database Training	9	9	Misys, Client
17	Lab Device Training	10	10	Misys, Client
18	Verify Instrument Communications	11	11	Misys, Client
19	Verify Instrument Interface Functionality	11	12	Misys, Client
20	Lab System Maintenance Training	12	12	Misys, Client
21	SMART Training (if purchased)	13	13	Misys, Client
22	Instrument Interface Training	14	14	Misys, Client
23	Communication & Transaction Testing Between HIS (or Hub) & LIS, Reference Lab & LIS	14	19	Misys, Client
24	Blood Bank Maintenance Training (if purchased)	15	15	Misys, Client
25	Complete System Maintenance Entry	18	18	Client
26	Complete Core Database Maintenance Entry for Laboratory/Microbiology	18	18	Client
27	Customized Database Training for Laboratory/Microbiology	19	19	Misys, Client
28	Call Back Training for Laboratory	20	20	Misys, Client
29	Complete SMART Maintenance Entry	21	21	Client
30	Lab Customized Interface Training	21	21	Misys, Client
31	Complete Customized Interface Maintenance Entry	22	22	Client
32	HIS & Reference Lab Interface User Audit	22	38	Client
33	Outreach Database Training (if purchased)	23	23	Misys, Client
34	Complete Outreach Maintenance Entry	27	27	Client
35	Outreach Functionality Training (if purchased)	28	28	Misys, Client
36	Complete Call Back Maintenance Entry	29	29	Client
37	Complete Customized Database Maintenance Entry for Laboratory/Microbiology	29	29	Client
38	Develop Computer Policies & Procedures	30	37	Client
39	Laboratory, & Microbiology System Functions & Integration Training	30	30	Misys, Client
40	Complete Blood Bank Transfusion Maintenance Entry (if purchased)	30	30	Client
41	Blood Bank System Functions Training (if purchased)	31	31	Misys, Client



42	Implementation Team Trains End Users on Laboratory, Microbiology, Blood Bank Transfusion	32	37	Client
43	Develop Site-Specific Test Plan	34	35	Client
44	System Management & Monitoring Training	34	34	Misys, Client
45	Integration Testing	38	39	Client
46	Live with Laboratory, Microbiology, SMART, Outreach, Blood Bank Transfusion, and HIS/Billing/Reference Lab Interfaces	40	40	Misys, Client
47	Post Implementation Review for Laboratory	TBD	TBD	Misys, Client
48	Ad Hoc Report Writer Implementation Kickoff (if purchased)	42	42	Misys, Client
49	Install Ad Hoc Report Writer Software on Servers and PCs	43	47	Misys, Client
50	Ad Hoc Report Writer Training	47	48	Misys, Client
51	Initial use of Ad Hoc Report Writer by Client	49	59	Misys, Client
52	Ad Hoc Custom Report Design Services (for 12 weeks, up to 50 hours of service)	60	TBD	MHC, Client

### Sample Schedule – Misys Insight

The following Misys Insight™ project schedule is based on a 13-week timeframe for completion. The schedule lists the task to be performed, the week the task starts and finishes, and the person(s) responsible for completing the task. The weeks assigned to the tasks are approximate, and are modified based on the hardware delivery and installation, completion of cabling, number/types of interfaces, resource availability, and the complexity of the site. The client and Misys will design and finalize a schedule by the Initial Site trip.

Step	Task	Week Start	Week Finish	Resource
1	Systems to be used with Insight in Live Operation (i.e. Lab, Pharmacy, Radiology)	0	0	Client
2	Kickoff Conference Call	1	2	Misys, Client
3	Initial documentation provided	1	2	Misys, Client
4	Develop Insight Project Task Plan	1	2	Misys, Client
5	Return completed Site Assessment form, Site Survey, sample HL7 transactions (and specifications) and Lab/Drug/Radiology codes (as applicable) to Misys	2	3	Client
6	Conduct Technical Assessment Conference Call	3	3	Misys, Client
7	Order Server and software	2	2	Misys
8	Conduct Initial Site Visit with Validation of Survey Results	5	5	Misys, Client
9	Installation and Configuration of Server	6	6	Misys, Client
10	Map Lab/Ancillary data to Insight	5	7	Misys
11	Review High Level Cost Analysis Report	8	8	Misys, Client
12	Develop Misys Lab Outbound Interface to Insight (if applicable)	4	4	Misys
13	Develop Insight HL7 interface to Client Interface Engine (if applicable) <ul style="list-style-type: none"> <li>Inbound Lab (ADT, Results)</li> <li>Inbound Pharmacy (Orders)</li> </ul>	4	5	Misys
14	Conduct Communication & Transaction Testing of Insight interfaces with	5	7	Misys,



	source systems Test area transactions			Client
15	Conduct Communication & Transaction Testing of Insight interfaces with source systems Live area transactions	7	8	Misys, Client
16	Conduct Clinical Administrator and System Administrator Training	9	9	Misys, Client
17	User Audit/Validation Testing	10	11	Client
18	End User Training	12	12	Client
19	Live	13	13	Misys, Client
20	Rule Editor Training (If Purchased)	*	*	Misys, Client

### Sample Schedule - Misys Collection Manager

The following Implementation Schedule is based on a ten-week installation for the Misys Collection Manager with 5 handheld units (for 1 HID). The schedule lists the task to be performed, the week the task starts and finishes, and the person(s) responsible for completing the task. The weeks assigned to the tasks are approximate, and are modified based on the products purchased, hardware delivery and installation, completion of cabling, and other considerations specific to the Client's implementation. The Client and Misys will design and finalize an Implementation Schedule in Step #3 below:

Step	Task	Date Start	Date Finish	Resource
1	Execute Agreement	0	0	Misys, Client
2	Order Hardware	1	1	Misys
3	Welcome packet and Software installation CD sent to client. Information includes Schedule/Task Plan, MCLM software, installation instructions, and user doc.	3	3	Misys
4	Hardware received at site	4	4	Client
5	On-site visit (includes training on MCLM installation, configuration, functional use and troubleshooting. The label designer application and Cognitive Code Ranger are also discussed).	5	5	Misys, Client
6	Collection Manager tested in site's Test environment	6	10	Client
7	Live Operation of Collection Manager	10	10	Client, Misys

### Sample Schedule - Misys Encompass

The Misys Project Manager will work with the Client's Project Manager to create the project plan and implementation schedule. In general, a standard implementation will be completed in approximately 16 weeks.

The following sample implementation schedule is based on a 16 week install. The schedule lists the task to be performed, the week the task starts and finishes, and the person(s) responsible for completing the task. The weeks assigned to the tasks are approximate, and are modified based on hardware delivery and installation, completion of cabling, and other considerations specific to the client's implementation. Misys and the Client will design and finalize an implementation schedule prior to the project kick-off.



Step	Pre-Installation Task	Week Start	Week Finish	Resource
1	Contract Sign	1	1	Misys
2	Hardware / 3 <sup>rd</sup> party software order	1	1	Misys
3	Kick-off meeting	2	2	Misys, Client
4	Information gathering, review existing lab definitions, review existing lab definitions	3	8	Client
5	Hardware/software received at Site	6	6	Client
6	Interface code and communication testing	7	8	Misys, Client
7	Servers up and ready at site, VPN tunnel	6	8	Client
8	Training – Lab and remote administrator training	9	9	Misys, Client
9	Database/administrative build	10	12	Client
10	System Administrator and End-User functionality training	12	12	Misys, Client
11	Orders and results testing	12	15	Client
12	Live operation of Encompass and begin product roll-out	16		Client



**SCHEDULE D – DESIGNATED SITE AND AFFILIATES**

**Section 1: The Designated Site for the Licensed Products is:**

Facility Name: Hospital of Saint Raphael  
Facility Address: 1450 Chapel Street  
Facility City, State, Zip: New Haven, Connecticut 06511  
Facility Telephone: 203-789-5921

**Section 2: The following is the list of Client Affiliates:**

FACILITY NAME

CITY, STATE



## SCHEDULE E – PAYMENT SCHEDULE

PAYMENT TERMS (NET 30 DAYS)		
UPON EXECUTION	25% TOTAL SOFTWARE LICENSE AND SERVICES FEES	\$64,796
UPON HARDWARE DELIVERY	100% HARDWARE AND THIRD PARTY SOFTWARE FEES, PRORATED ACCORDINGLY AFTER EACH SHIPMENT	\$590,820
UPON INSTALLATION OF THE SOFTWARE	50% TOTAL SOFTWARE LICENSE AND SERVICES FEES	\$129,590
UPON LIVE OPERATION OF THE SOFTWARE	25% TOTAL SOFTWARE LICENSE AND SERVICES FEES	\$64,796
SUPPORT	DUE AND PAYABLE ANNUALLY IN ADVANCE	\$163,668

**SCHEDULE F – APPLICABLE MINIMUM REQUIREMENTS**

Client understands that Misys has configured the System based on information and statistics supplied to Misys by Client. Client warrants that Client conducted appropriate research in preparing such statistics, including all workload volumes and/or network requirements as set forth herein this Schedule F.

The configuration described below sets forth the Applicable Minimum Requirements approved by Misys to support the Software version on the Effective Date. In the event a subsequent version of the Software is released prior to the Client's commencement of implementation, Misys will reevaluate the configuration and Client agrees to purchase any necessary additional Hardware. Client agrees that Misys will not be responsible for any hardware, software, third party software, or training or implementation fees required by Client because of any inaccuracy in the calculation of workload volumes by Client.

<b><u>Applicable Minimum Requirements</u></b> THE FOLLOWING GUIDELINES ARE ACCURATE AS OF EXECUTION OF THIS AGREEMENT BUT ARE SUBJECT TO CHANGE AT ANY TIME BY MISYS.	
<b>Software:</b>	Schedule A
<b>Third Party Software:</b>	Schedule B
<b>Hardware:</b>	Schedule B
<b>At Workload Volumes <u>not</u> to exceed:</b>	
<b>CURRENT STATISTICS:</b>	
HOSPITAL LABORATORY (including Microbiology and Blood Bank) RAW TEST RESULTS: (per year) ("Raw Test Result" is defined as the smallest single component of a test, battery, or profile. For example, a CBC includes multiple Raw Test Results, one of which is a WBC.)	
<b>FILE RETENTION PRIOR TO ARCHIVE (Current Statistics plus Conversions):</b>	
General Laboratory (years):	1
Blood Bank (years):	5



**1. SCHEDULE G – SUPPORT AND MAINTENANCE**

1. **Misys Responsibilities.** In consideration of the Support fees and subject to the terms and conditions of the Master Agreement, Misys will provide the following services to Client solely for use by Client and its Authorized Users with respect to the applicable Licensed Products set forth in Schedule A and B:

- a. Provide to Client all modifications, enhancements, functional changes and Updates made by Misys to the Software (and all such modifications, enhancements, functional changes and Updates shall be deemed to be Software), modifications and Updates to the Third Party Software (and all such modifications and Updates shall be deemed to be Third Party Software), certain rights to all of which Client acquired under the Master Agreement and the relevant Order Form(s) relating thereto. Where available and applicable updated Documentation will be furnished to the Client before any modification, enhancement, functional change and upgrade is provided.
- b. Provide maintenance support for the applicable Licensed Products on a twenty-four (24) hour per day, 365 days per year basis. Misys will respond to any request for service within four (4) hours after receipt of call. This response may be in person, via telephone conversation with the Client, or by telecommunication with the Designated System. All requests for service shall be documented by Misys with time and date of call, reason for call, and explanation of services performed.
- c. At Client's request, Misys will assist Client in discussions with the Hardware vendors to resolve non-routine Hardware problems that may remain after direct discussions between Client and the Hardware vendors have failed to resolve such problems. In the event that Misys provides any services for Hardware, whether Software related or otherwise, Misys will charge Client, and Client will pay Misys, for such services on a time and materials basis at Misys' then current rates.

2. **Client Responsibilities.** In consideration of the above services, during the term of Support, Client shall:

- a. Cooperate with Misys in the installation and use in Live Operation of modifications, enhancements, functional changes and Updates, including any related and required hardware, to the Licensed Products. Failure or refusal of Client to accept such, modifications, enhancements, functional changes and Updates shall be a material breach of the Agreement.
- b. Maintain a full time, qualified individual who is responsible for the day-to-day coordination of the daily operation of the Misys Laboratory™ system (the "System Manager") throughout the term of Support to oversee the proper functioning of the Designated System. In the event the Client fails to maintain or retain such System Manager within a reasonable period of time, Misys may elect to charge to Client, and Client hereby agrees to pay to Misys each month, an amount equal to forty percent (40%) of the monthly Support fees, in addition to the Support fees, for each and every month during which the Client does not have such a qualified System Manager. In the event Client replaces the System Manager, Client shall (i) have sixty (60) days to provide a new System Manager before Misys charges Client additional Support fees as described above; and (ii) promptly designate an interim System Manager(s) until a replacement is appointed.
- c. Maintain a dedicated telephone line and modem interface for Misys' sole use or, in the event that Misys employs SSH Secure Shell or similar secure Internet technology, Client will provide a dedicated secure Internet connection, to enable Misys' remote access to the Designated System and Licensed Products.

3. **Limitations on Support and Maintenance.** In the event any third party software or hardware vendor discontinues support to Misys for any of the third party software or hardware for any reason whatsoever, Client hereby acknowledges and agrees that Misys shall have no further obligation whatsoever to provide the related support to Client.

4. **Misys' Breach.** Misys shall be in material breach of its Support obligations if at any time, due to a failure in performance of the Software, Client and its Authorized Users are unable, for a continuous period in excess of seventy-two (72) hours to perform daily data collection, or to generate patient cumulative reports in the Misys Laboratory™ Software. If such a material breach occurs, then Client, at its option, may elect as its sole and exclusive remedy: (i) to continue the terms and conditions for Support in full force and effect; or (ii) to terminate Support for the applicable Software, in which event Client shall be relieved of any further payments for same, and Client shall be entitled to a pro-rata reduction in the applicable Support fees paid hereunder for the period during which it is unable to perform the functions described in this Paragraph.

**Attachment # 3**

**Project Description**

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### **Attachment # 3**

#### **Project Description**

**This proposal represents the replacement of the Misys/ Ulticare Laboratory and Medware/ Hemocare Blood Bank systems with the state-of-the-art, fully integrated Misys Laboratory system. The Hemocare blood bank system, purchased in 2000, has been sunsetted by the vendor and no further development will be performed as of October 2005 (please see Attachment # 8 for a copy of the letter from Medware). The Ulticare Laboratory system was purchased as part of the Hospital's Ulticare patient care information system in 1989, with the Lab components coming on-line in 1994.**

**In 2003, Misys Corporation purchased the Ulticare clinical suite from PerSe. Included within the Ulticare clinical suite is the hospital's laboratory system. In view of the fact that Misys developed its own industry leading laboratory system with over 1200 installs (verses 20 for the PerSe Laboratory System), the Hospital believes that it is highly probable that Misys will sunset the PerSe laboratory system within two years.**

**Misys has been continually struggling to get resources to maintain components of the Per Se product. Currently, absence of basic interface integration is significantly hindering productivity in lab departments. Misys/PerSe significantly exceeds the industry standard time to implement instrument interfaces. Since June 2003,( over 15 months) extensive time and resources have been dedicated to implementing two of the lab instrument interfaces. The industry standard for interface implementation is 30 days. The lack of critical instrument interfacing causes significant inefficiencies in processing lab results.**

**An interface between Ulticare and blood bank instrumentation does not currently exist requiring the microbiology staff to manually enter blood culture results into Ulticare. This is a very inefficient use of technologist time and is a patient safety issue since there is a greater chance of data entry errors. Lack of critical interfaces also causes delays in turnaround time, which is unacceptable when processing critical lab results.**

**Further, the laboratory at the Hospital is a high volume testing facility (greater than 1 million billable tests per year) and has been functioning without an essential bi-directional interface to and from the principal reference laboratory, Quest Diagnostics. This lack of basic integration causes laboratory staff to rely on manual "workarounds" which hinder productivity and can compromise accuracy.**

**The Hospital believes that there is a critical need for a fully integrated laboratory and blood bank system to support best practices in the laboratory departments. Further, toward this end, it is necessary for the laboratory and blood bank systems to be from the same vendor.**

**The Hospital is proposing to replace the current out-dated, inefficient systems with a fully integrated Lab and Blood Bank system from Misys, which will include critical instrument interfaces and advanced features such as wireless devices. The implementation of a fully integrated state-of-the-art laboratory and blood bank system will significantly improve productivity and turnaround times in processing lab results.**

**Attachment # 4**

**Hospital of Saint Raphael License**

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STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0056

General Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Hospital of Saint Raphael of New Haven, CT, d/b/a Hospital of Saint Raphael is hereby licensed to maintain and operate a General Hospital.

Hospital of Saint Raphael is located at 1450 Chapel Street, New Haven, CT 06511

The maximum number of beds shall not exceed at any time:

22 Bassinets

511 General Hospital beds

This license expires September 30, 2005 and may be revoked for cause at any time.

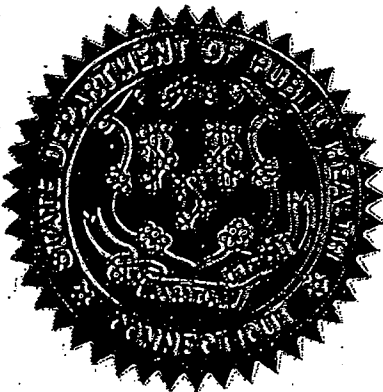
Dated at Hartford, Connecticut, October 1, 2003.

License revised to reflect:

\*Removed (5) Satellites effective 8/4/04

Satellites

Adolescent Day Hospital, 301 Orchard Street, New Haven, CT  
Psychiatric Day Hospital, 1294 Chapel Street, New Haven, CT  
Troup School Base Health Center, 259 Edgewood Avenue, New Haven, CT  
Children's Psychiatric Day Hospital, 1348 Chapel Street, New Haven, CT  
Elder Care Clinic, Atwater Clinic, 26 Atwater Street, New Haven, CT  
Project Mother Care (Mobile), 1450 Chapel Street, New Haven, CT  
Dwight School Based Health Center, 130 Edgewood Avenue, New Haven, CT  
Dental Mobile Van "Miles 4 Smiles", 1450 Chapel Street, New Haven, CT  
Elder Care Clinic/Tower One, Tower Lane, New Haven, CT  
Elder Care Clinic/Casa Otonal, 140 Sylvan Avenue, New Haven, CT  
Elder Care Clinic/Edith Johnson Tower, 114 Bristol Street, New Haven, CT  
Elder Care Clinic/Crawford Manor, 90 Park Street, New Haven, CT  
Elder Care Clinic/Ribicoff Cottages, 200 Brookside Avenue, New Haven, CT  
Evening Chemical Dependency Program, 1294 Chapel Street, New Haven, CT  
Moquency Towers/Hospital Of Saint Raphael Eldercare Clinic, 318/358 Orange Street, Apt.#416, New Haven, CT



*J Robert Galvin M.D., M.P.H.*

J. Robert Galvin, M.D., M.P.H.,  
Commissioner

**Attachment # 5**

**Calculation of Original Cost of the Ulticare Laboratory Application**

**DN# 93-536R Agreed Settlement**

**Excerpt from Hospital of Saint Raphael letter to OHCA dated August 6, 1993  
(Ulticare Revised Project Budget)**

**Request for Waiver of CON**  
**Replacement of the Misys/Per Se Ulticare Laboratory System**  
**Original Cost of Laboratory System**

To determine the original cost of the laboratory module (one of six modules purchased from Ulticare) the total software cost of \$1,727,662 has been divided equally among the 6 modules purchased. Software cost allocated to the laboratory module is \$ 287,944.  
In addition, hardware costs of \$871,570 have also been allocated to the laboratory module.  
Please see calculation below.

**1) Ulticare Software Cost per Application purchased**

**\$ 287,944** ( please see page # 71 for copy of Agreed Settlement DN# 93-536R, total software cost)

Total Ulticare Software Cost	\$	1,727,662
Number of Applications		6
Cost per Application	\$	287,944

**2) Ulticare Hardware Cost - Laboratory Module**

**\$ 871,570** (please see page # 99 for letter from HSR to OHCA dated August 6, 1993, Exhibit D, for hardware cost by module included in the "Revised Budget" for the Ulticare project.)

**Total Cost for Ulticare Laboratory module**

**\$ 1,159,514**



# STATE OF CONNECTICUT

## COMMISSION ON HOSPITALS AND HEALTH CARE

### IN THE MATTER OF:

Hospital of Saint Raphael  
1450 Chapel Street  
New Haven, CT 06511-4444

Docket Number: 93-536R  
January 27, 1994

### AGREED SETTLEMENT

WHEREAS, on March 13, 1990, pursuant to Section 19a-155 of the Connecticut General Statutes ("C.G.S."), the Commission on Hospitals and Health Care ("Commission") authorized a Certificate of Need ("CON") under Docket Number 89-556, to the Hospital of Saint Raphael ("Hospital"), a health care facility or institution as defined in Section 19a-145, C.G.S., for the acquisition of a patient care information system, at a capital expenditure of \$6,438,976, which does not include \$321,949 in capitalized financing costs; and

WHEREAS, Stipulations #2 and #9 of the Commission Order, issued under Docket Number 89-556, state the following:

- "2. The total capital expenditure for all components of the project as delineated in Attachment II, is approved at \$6,438,976, which does not include \$321,949 in capitalized financing costs and a debt reserve fund of \$643,898, for a total capital expenditure of \$7,404,823. The project will be financed through a loan using CHEFA either a Pooled Equipment or a direct bond issued by the Hospital or an alternative financing method at least as favorable to the Hospital, either of which methods will be furnished to the Commission prior to implementation."
- "9. The Hospital shall take all measures to ensure that the approved capital expenditure of \$6,438,976, which does not include capitalized financing costs, is not exceeded. In the event that the scope of the project is changed or that the Hospital learns of potential cost increases or expects final project costs will be higher than those approved, the Hospital shall immediately advise the Commission in writing of such change in scope or cost increase. The Hospital shall file with the Commission a request for approval of the changed scope or cost increase. The Hospital shall neither incur a financial obligation or expend funds in excess of the maximum capital expenditure as approved by the Commission herein, nor change the scope of the project without prior written approval from the Commission.

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Furthermore, the use of the contingency fund shall be restricted to unforeseeable expenses. Should the final capital expenditure be less than the amount approved by the Commission, the Hospital is expressly limited to the expenditure which is the lesser of \$6,438,976, which does not include capitalized financing costs, or the actual project cost. Any amount in excess of the actual project cost shall not be transferred to any other project or capital expenditure without the express written approval of the Commission. Upon completion of the project, ~~the Hospital shall report the final project cost, including education and staff avoidance, to the Commission.~~ This report shall be in a format determined by the Commission."; and

WHEREAS, the Hospital did not finance the project through Connecticut Health and Education Authority (CHEFA) and did not, therefore, need to fund \$643,898 for debt service reserve; and

WHEREAS, on December 28, 1993, the Hospital filed with the Commission, under Docket Number 93-536R, a request to modify the Commission Order issued under Docket Number 89-556, to increase the authorized capital expenditure, by \$2,725,291, from \$6,438,976, which does not include \$321,949 in capitalized financing costs, to \$9,164,267, which does not include \$321,949 in capitalized financing costs; and → need

WHEREAS, the source of the additional capital expenditure of \$2,725,291 will be from the Hospital's annual capital budget during the remaining project implementation period and the Hospital will not incur any additional debt related to this request; and

WHEREAS, the Hospital indicates that it will not experience an increase in revenues, operating expenses or volume related to this additional capital expenditure and it will not seek a budget adjustment for any fiscal year related to this project; and

WHEREAS, the Hospital indicates that the increased capital expenditure is for additional installation expenses and for additional computer hardware (i.e., CPU's, CRT's and printers), needed as a result of an increase in the number of users requiring access, an increase in the number of software modules, enhanced hospital programs such as Mother Care and Take Heart, the Hospital's new cancer center, volume increases and the need for improvement in information systems response time; and

WHEREAS, the specific elements of the requested additional capital expenditure are detailed within Attachment II-R; and

WHEREAS, on December 27, 1993, the Hospital filed a request for waiver of public hearing, pursuant to Section 19a-160-36a of the Commission's Regulations, claiming that the request for a modification of the Commission Order issued under Docket Number 89-556 is non-substantive, as defined in Section 19a-160-89(c) of the Commission's Regulations; and

WHEREAS, on December 30, 1993, the Chairman of the Commission determined that the CON application was eligible for consideration of waiver of public hearing, and a notice to the public was published in the New Haven Register, pursuant to Section 19a-160-36a of the Commission's Regulations; and

WHEREAS, on January 13, 1994, the Commission adopted a resolution, which granted the Hospital's request for waiver of public hearing; and

WHEREAS, Section 19a-153, C.G.S., sets forth principles and guidelines to be considered by the Commission in its review; and

WHEREAS, the Commission has reviewed this request for a modification to a prior Commission Order pursuant to Section 19a-155, C.G.S., and has fully considered the principles and guidelines in Section 19a-153, C.G.S., in its review; and

WHEREAS, the Commission Order issued under Docket Number 89-556 was based on the evidence presented in the application, which addressed the relationship of the application to Section 19a-153, C.G.S. and the relationship of the application to Section 19a-153, C.G.S. is not altered by this request to modify the Commission Order issued under Docket Number 89-556 to increase the authorized capital expenditure, by \$2,725,291, from \$6,438,976, which does not include \$321,949 in capitalized financing costs, to \$9,164,267, which does not include \$321,949 in capitalized financing costs; and

WHEREAS, the Hospital's request for an increase in the authorized capital expenditure will allow the Hospital to continue the full implementation of the patient care information system on a timely basis, and such implementation should improve the cost-effectiveness and accessibility of health care delivery in the region; and

WHEREAS, the Hospital's request should allow the Hospital to improve operational efficiency as a result of the requested increase in computer hardware which may, as a result, decrease operating expenses and, thus, improve the Hospital's financial condition; and

WHEREAS, both the Commission and the Hospital wish to resolve their differences regarding this request to modify the Commission Order issued under Docket Number 89-556, to increase the authorized capital expenditure, by \$2,725,291, from \$6,438,976, which does not include \$321,989 in capitalized financing costs, to \$9,164,267, which does not include \$321,949 in capitalized financing costs.

NOW, THEREFORE, the Commission and the Hospital of Saint Raphael ("Hospital") hereby stipulate and agree to the terms of settlement with respect to the Hospital's request to modify the Commission Order issued under Docket Number 89-556, to increase the authorized capital expenditure, by \$2,725,291, from \$6,438,976, which does not include \$321,949 in capitalized financing costs, to \$9,164,267, which does not include \$321,949 in capitalized financing costs, as follows:

- 1) The Hospital's request to modify the Commission Order issued under Docket Number 89-556, to increase the authorized capital expenditure, by \$2,725,291, from \$6,438,976, which does not include \$321,949 in capitalized financing costs, to \$9,164,267, which does not include \$321,949 in capitalized financing costs, is hereby approved.
- 2) Stipulations #2 and 9 of the Commission Order issued under Docket Number 89-556, are amended, as follows:
  2. The total capital expenditure for all components of the project as delineated in Attachment II-R, is approved at \$9,164,267, which does not include capitalized financing costs, plus \$321,949 in capitalized financing costs, for a total capital expenditure of \$9,486,216. The sources of funding for the approved total capital expenditure will be any equity contribution of \$2,725,291 from the Hospital's annual capital budget during the remaining project implementation period and debt financing of \$6,438,976.
  9. The Hospital shall take all measures to ensure that the approved capital expenditure of \$9,164,267, which does not include capitalized financing costs, is not exceeded. In the event that the scope of the project is changed or that the Hospital learns of potential cost increases or expects final project costs will be higher than those approved, the Hospital shall immediately advise the Commission in writing of such change in scope or cost increase. The Hospital shall file with the Commission

a request for approval of the changed scope or cost increase. The Hospital shall neither incur a financial obligation in excess of \$6,438,976 nor expend total funds in excess of the maximum capital expenditure as approved by the Commission herein, nor change the scope of the project without prior written approval from the Commission. Furthermore, the use of the contingency fund shall be restricted to unforeseeable expenses. Should the final capital expenditure be less than the amount approved by the Commission, the Hospital is expressly limited to the expenditure which is the lesser of \$9,164,267, which does not include capitalized financing costs, or the actual project cost. Any amount in excess of the actual project cost shall not be transferred to any other project or capital expenditure without the express written approval of the Commission. Within thirty (30) days of completion of the project, the Hospital shall report the final project cost, staff reductions and cost avoidances to the Commission. This report shall be in a format determined by the Commission.

- 3) The source of funding for the approved additional capital expenditure of \$2,725,291 will be an equity contribution of \$2,725,291 from the Hospital's annual capital budget during the remaining project implementation period. The Hospital shall not incur any debt related to this additional capital expenditure.
- 4) The Hospital agrees that it will not request any adjustments to its FY 1994 and subsequent years' budget authorizations related to this project. Attachment I-R herein, presents the Hospital's revenue and expense projections, with the project, without the project and incremental, and shows no impact of the project on revenues, operating expenses or volume. Further, the Hospital specifically waives any and all statutory rights to apply for any further modification to the authorization issued under Docket Number 89-556, as subsequently modified herein under Docket Number 93-536R, which will result in an adjustment to any years' budget authorizations.
- 5) The Hospital may make minor changes in its selection of individual hardware components only within the scope of the project and the total capital expenditure authorized herein.

- 6) The Hospital agrees that it shall not incur, on a permanent basis, capital and/or operating costs specific to the acquisition, installation and on-going operation of the additional computer hardware authorized herein, on behalf of any affiliated institution or corporate entity. In addition, any costs to access the Hospital's clinical information systems will be paid for by the entity contracting for such service.
- 7) All other stipulations contained in the Commission Order issued under Docket Number 89-556, not amended by this agreement, will remain in effect.
- 8) The Commission and the Hospital of Saint Raphael agree that this represents a final agreement between the Commission and the Hospital of Saint Raphael with respect to this request. The signing of this Agreed Settlement resolves all objections, claims and disputes which may have been raised by the Hospital, with regard to Docket Numbers 89-556 and 93-536R.
- 9) This Agreed Settlement is an Order of the Commission with all the rights and obligations attendant thereto, and the Commission may enforce this Agreed Settlement pursuant to the provisions of Section 19a-159 of the Connecticut General Statutes, if the Hospital fails to comply with its terms.

1/26/94  
Date

Matthew G. Van Veen  
Duly Authorized Agent for  
the Hospital of Saint Raphael

The above Agreed Settlement, having been presented to the Commission at its meeting held on January 27, 1994, is hereby accepted and so ordered by the Commission.

\_\_\_\_\_  
Date

\_\_\_\_\_  
E. Cortright Phillips  
Vice Chairman  
Commission on Hospitals  
and Health Care

ECP/ker/pw#79

INE  
Commission on Hospitals and Health Care

AUTHORIZED\* 12 MONTHS\* 12 MONTHS\* 12 MONTHS\*

CON DOCKET NO. 93-536R

CON PROJECT: HDS-ULTICARE PATIENT CARE INFORMATION SYSTEM

APPLICANT: HOSPITAL OF SAINT RAPHAEL

SPECIFY TOTAL FACILITY OR DEPARTMENT: FACILITY

REQUESTED FACILITY WITH THE PROJECT

SUMMARY OF REVENUE, EXPENSE, AND VOLUME STATISTICS

LINE		(1)	(2)	(3)
		YEAR 1	YEAR 2	YEAR 3
		1994	1995	1996
		12 MONTHS*	12 MONTHS*	12 MONTHS*
1	GOVERNMENT GROSS PATIENT REVENUE	253,383,000	276,931,000	303,462,000
2	NON-GOVT GROSS PATIENT REVENUE	146,184,000	159,769,000	175,076,000
3	TOTAL GROSS PATIENT REVENUE (1+2)	399,567,000	436,700,000	478,538,000
4	GOVT DEDUCTIONS FROM GROSS REVENUE	127,186,000	145,100,000	166,300,000
5	NET BAD DEBTS	17,465,000	20,000,000	22,900,000
6	FREE CARE	4,528,000	5,174,000	5,942,000
7	TOTAL UNCOMPENSATED CARE (5+6)	21,993,000	25,174,000	28,842,000
8	NON-GOVT CONTRACTUAL ALLOWANCES	4,086,000	4,661,000	5,282,000
9 *	ALT DELIVERY SYS.(HMO) ALLOWANCES	0	0	0
10	OTHER ALLOWANCES	0	0	0
11	TOTAL NON-GOVT DEDUCTIONS FROM G.R. (7+8+9+10)	26,079,000	29,835,000	34,124,000
12	TOTAL DEDUCTIONS FROM GROSS REVENUE (4+11)	153,265,000	174,935,000	200,424,000
13	TOTAL PAYMENTS (NET REVENUE) (3-12)	246,302,000	261,765,000	278,114,000
14 *	INPATIENT GROSS REVENUE	339,632,000	371,195,000	406,757,000
15 *	OUTPATIENT GROSS REVENUE	59,935,000	65,505,000	71,781,000
16	OTHER OPERATING REVENUE	0	0	0
17	REVENUE FROM OPERATIONS	246,302,000	261,765,000	278,114,000
18	NON-PHYSICIAN SALARIES	109,730,000	118,450,000	125,762,000
19	PHYSICIAN SALARIES	11,104,000	11,986,000	12,726,000
20	FRINGE BENEFITS-NON PHYSICIAN	31,478,000	33,153,000	35,826,000
21	FRINGE BENEFITS-PHYSICIAN	3,185,000	3,355,000	3,626,000
22	OTHER: SUPPLY & DRUGS	20,366,000	22,600,000	23,931,000
23	OTHER THAN SUPPLY & DRUGS	36,564,000	39,567,000	41,905,000
24	PHYSICIAN FEES	6,712,000	7,447,000	7,886,000
25	HALPRACTICE	2,685,000	2,980,000	3,156,000
26	LEASES - ANNUAL	1,027,000	1,139,000	1,206,000
27	LEASES-MULTIYEAR	4,108,000	4,559,000	4,828,000
28	TOTAL LEASES (26+27)	5,135,000	5,698,000	6,034,000
29	DEPARTMENTAL DEPRECIATION	4,429,000	4,489,000	4,651,000
30	PLANT DEPRECIATION	9,932,000	9,999,000	10,360,000
31	TOTAL DEPRECIATION (29+30)	14,361,000	14,488,000	15,011,000
32	INTEREST	6,595,000	6,152,000	6,675,000
33	EXPENSE RECOVERY(ENTER AS NEGATIVE)	(4,323,000)	(4,538,000)	(4,788,000)
34	TOTAL NET OPERATING EXPENSES (SUM(18..25,28,31..33))	243,592,000	261,338,000	277,750,000
35	GAIN/(LOSS) FROM OPERATIONS (17-34)	2,710,000	427,000	364,000
36	NON-OPERATING REVENUE	1,467,000	1,555,000	1,648,000
37	REVENUE OVER/(UNDER) EXPENSES (35+36)	4,177,000	1,982,000	2,012,000
38	FULL TIME EQUIVALENTS	2,792	2,898	2,959
39	DISCHARGES	22,200	22,200	22,200
40	PATIENT DAYS	182,000	182,000	182,000
41 *	CASE MIX INDEX	1.41	1.41	1.41
42 **	OTHER STATISTIC-	0	0	0

\* ALLOCATION OF PROJECTED AMOUNTS BASED ON  
Y 93 AUTHORIZED. SUBJECT TO CHANGE

THE  
Commission on Hospitals and Health Care

AUTHORIZED\* 12 MONTHS\* 12 MONTHS\* 12 MONTHS\*

CON DOCKET NO. 93-536R

CON PROJECT: NOS-ULTICARE PATIENT CARE INFORMATION SYSTEM

APPLICANT: HOSPITAL OF SAINT RAPHAEL

SPECIFY TOTAL FACILITY OR DEPARTMENT: FACILITY

REQUESTED FACILITY WITHOUT THE PROJECT  
SUMMARY OF REVENUE, EXPENSE, AND VOLUME STATISTICS

LINE		1994 12 MONTHS*	1995 12 MONTHS*	1996 12 MONTHS*
1	GOVERNMENT GROSS PATIENT REVENUE	253,383,000	276,931,000	303,462,000
2	NON-GOVT GROSS PATIENT REVENUE	146,184,000	159,769,000	175,076,000
3	TOTAL GROSS PATIENT REVENUE (1+2)	399,567,000	436,700,000	478,538,000
4	GOVT DEDUCTIONS FROM GROSS REVENUE	127,186,000	145,100,000	166,300,000
5	NET BAD DEBTS	17,465,000	20,000,000	22,900,000
6	FREE CARE	4,528,000	5,174,000	5,942,000
7	TOTAL UNCOMPENSATED CARE (5+6)	21,993,000	25,174,000	28,842,000
8	NON-GOVT CONTRACTUAL ALLOWANCES	4,086,000	4,661,000	5,282,000
9 *	ALT DELIVERY SYS.(HMO) ALLOWANCES	0	0	0
10	OTHER ALLOWANCES	0	0	0
11	TOTAL NON-GOVT DEDUCTIONS FROM G.R. (7+8+9+10)	26,079,000	29,835,000	34,124,000
12	TOTAL DEDUCTIONS FROM GROSS REVENUE (4+11)	153,265,000	174,935,000	200,424,000
13	TOTAL PAYMENTS (NET REVENUE) (3-12)	246,302,000	261,765,000	278,114,000
14 *	INPATIENT GROSS REVENUE	339,632,000	371,195,000	406,757,000
15 *	OUTPATIENT GROSS REVENUE	59,935,000	65,505,000	71,781,000
16	OTHER OPERATING REVENUE	0	0	0
17	REVENUE FROM OPERATIONS	246,302,000	261,765,000	278,114,000
18	NON-PHYSICIAN SALARIES	109,730,000	118,450,000	125,762,000
19	PHYSICIAN SALARIES	11,104,000	11,986,000	12,726,000
20	FRINGE BENEFITS-NON PHYSICIAN	31,478,000	33,153,000	35,826,000
21	FRINGE BENEFITS-PHYSICIAN	3,185,000	3,355,000	3,626,000
22	OTHER: SUPPLY & DRUGS	20,366,000	22,600,000	23,931,000
23	OTHER THAN SUPPLY & DRUGS	36,564,000	39,567,000	41,905,000
24	PHYSICIAN FEES	6,712,000	7,447,000	7,886,000
25	MALPRACTICE	2,685,000	2,980,000	3,156,000
26	LEASES - ANNUAL	1,027,000	1,139,000	1,206,000
27	LEASES-MULTIYEAR	4,108,000	4,559,000	4,828,000
28	TOTAL LEASES (26+27)	5,135,000	5,698,000	6,034,000
29	DEPARTMENTAL DEPRECIATION	4,429,000	4,489,000	4,651,000
30	PLANT DEPRECIATION	9,932,000	9,999,000	10,360,000
31	TOTAL DEPRECIATION (29+30)	14,361,000	14,488,000	15,011,000
32	INTEREST	6,595,000	6,152,000	6,675,000
33	EXPENSE RECOVERY(ENTER AS NEGATIVE)	(4,323,000)	(4,538,000)	(4,788,000)
34	TOTAL NET OPERATING EXPENSES (SUM(18..25,28,31..33))	243,592,000	261,338,000	277,750,000
35	GAIN/(LOSS) FROM OPERATIONS (17-34)	2,710,000	427,000	364,000
36	NON-OPERATING REVENUE	1,467,000	1,555,000	1,648,000
37	REVENUE OVER/(UNDER) EXPENSES (35+36)	4,177,000	1,982,000	2,012,000
38	FULL TIME EQUIVALENTS	2,792	2,898	2,959
39	DISCHARGES	22,200	22,200	22,200
40	PATIENT DAYS	182,000	182,000	182,000
41 *	CASE MIX INDEX	1.41	1.41	1.41
42 **	OTHER STATISTIC-	N/A	N/A	N/A

\* ALLOCATION OF PROJECTED AMOUNTS BASED ON  
FY 93 AUTHORIZED. SUBJECT TO CHANGE

Commission on Hospitals and Health Care

CON DOCKET NO. 93-536R  
CON PROJECT: HDS-ULTICARE PATIENT CARE INFORMATION SYSTEM  
APPLICANT: HOSPITAL OF SAINT RAPHAEL  
SPECIFY TOTAL FACILITY OR DEPARTMENT: FACILITY

AUTHORIZED\* 12 MONTHS\* 12 MONTHS\* 12 MONTHS\*

REQUESTED FACILITY INCREMENTAL  
SUMMARY OF REVENUE, EXPENSE, AND VOLUME STATISTICS

LINE

	(1) YEAR 1 1994 12 MONTHS*	(2) YEAR 2 1995 12 MONTHS*	(3) YEAR 3 1996 12 MONTHS*
1 GOVT GROSS PATIENT REVENUE	0	0	0
2 NON-GOVT GROSS PATIENT REVENUE	0	0	0
3 TOTAL GROSS PATIENT REVENUE (1+2)	0	0	0
4 GOVT DEDUCTIONS FROM GROSS REVENUE	0	0	0
5 NET BAD DEBTS	0	0	0
6 FREE CARE	0	0	0
7 TOTAL UNCOMPENSATED CARE (5+6)	0	0	0
8 NON-GOVT CONTRACTUAL ALLOWANCES	0	0	0
9 * ALT DELIVERY SYS.(HMO) ALLOWANCES	0	0	0
10 OTHER ALLOWANCES	0	0	0
11 TOTAL NON-GOVT DEDUCTIONS FROM G.R. (7+8+9+10)	0	0	0
12 TOTAL DEDUCTIONS FROM GROSS REVENUE (4+11)	0	0	0
13 TOTAL PAYMENTS (NET REVENUE) (3-12)	0	0	0
14 * INPATIENT GROSS REVENUE	0	0	0
15 * OUTPATIENT GROSS REVENUE	0	0	0
16 OTHER OPERATING REVENUE	0	0	0
17 REVENUE FROM OPERATIONS	0	0	0
18 NON-PHYSICIAN SALARIES	0	0	0
19 PHYSICIAN SALARIES	0	0	0
20 FRINGE BENEFITS-NON PHYSICIAN	0	0	0
21 FRINGE BENEFITS-PHYSICIAN	0	0	0
22 OTHER: SUPPLY & DRUGS	0	0	0
23 OTHER THAN SUPPLY & DRUGS	0	0	0
24 PHYSICIAN FEES	0	0	0
25 MALPRACTICE	0	0	0
26 LEASES - ANNUAL	0	0	0
27 LEASES-MULTIYEAR	0	0	0
28 TOTAL LEASES (26+27)	0	0	0
29 DEPARTMENTAL DEPRECIATION	0	0	0
30 PLANT DEPRECIATION	0	0	0
31 TOTAL DEPRECIATION (29+30)	0	0	0
32 INTEREST	0	0	0
33 EXPENSE RECOVERY(ENTER AS NEGATIVE)	0	0	0
34 TOTAL NET OPERATING EXPENSES (SUM(18..25,28,31..33))	0	0	0
35 GAIN/(LOSS) FROM OPERATIONS (17-34)	0	0	0
36 NON-OPERATING REVENUE	0	0	0
37 REVENUE OVER/(UNDER) EXPENSES (35+36)	0	0	0
38 FULL TIME EQUIVALENTS	0	0	0
39 DISCHARGES	0	0	0
40 PATIENT DAYS	0	0	0
41 * CASE MIX INDEX	0	0	0
42 ** OTHER STATISTIC-	0	0	0

N/A

N/A

N/A

\* ALLOCATION OF PROJECTED AMOUNTS BASED ON  
FY 93 AUTHORIZED. SUBJECT TO CHANGE



ULTICARE ORIGINAL CON BUDGET vs. REQUESTED BUDGET REVISION AS OF 07/31/93

ULTCON08)

CAPITAL

\*\*\*\*\*

ACCT #	DESCRIPTION	CON APPROVED PROJECT BUDGET	REQUESTED BUDGET AS OF 07/93	DIFFERENCE
	• FIXED EQUIPMENT			
	• RENOVATION			
18000-18140/3	• OFFICES (TELE 15,600)	25,000	22,000	(4,000)
18000-18146	• 131 SHERMAN AVE.	25,000	20,000	(5,000)
18000-18145	• COMMUNICATION CLOSETS (incl UPS)	35,200	25,000	(9,200)
	SUBTOTAL	85,200	66,000	(19,200)
18000-18123	• DATA CTR. (COMPUTER RM) (INCL. COMM. CABLING)	270,000	254,000	(16,000)
	TOTAL FIXED EQUIPMENT	355,200	322,000	(33,200)
	• HARDWARE (SYSTEM)			
18000-18136	• COMPUTER HARDWARE	3,709,514	6,382,105	2,672,591
	• HARDWARE OTHER			
18000-18138	• OFFICE FURNITURE	63,100	50,000	(13,100)
18000-18139	• PERSONAL COMPUTERS	22,500	22,500	
18000-18142	• BACKUP GENERATOR	350,000	350,000	
18000-18137	• SOFTWARE	1,727,662	1,727,662	
18000-18141	• INSTALLATION EXPENSE	210,000	310,000	100,000
	TOTAL BUDGETTED AMOUNT	6,439,976	9,164,267	2,725,291

DESCRIPTION OF PROPOSED HARDWARE COSTS BY LINE ITEM CATEGORY

LINE ITEM CATEGORIES	(1) COMPL. EXPANSION PORTS	(2) APPL. 16 CPU	(3) APPL. 47 CPU	(4) APPL. 48 CPU	(5) APPL. 49 CPU	(6) CITE PRINTERS	(7) HEAVY DUTY PRINTERS	(8) DISK STORAGE	(9) MAX CODE	(10) CANCER CENTER COMMON.	(11) DISK CONTROL	(12) CCT STANDS	(13) TOTAL COST	(14) TOTAL CCT/PT UNITS
NEW MODULES														
ON SCHEDULING						3,720	1,843						5,283	4
APPOINTMENT SCHEDULING						6,200	3,206						9,406	7
DIAGNOSTIC						1,240	1,843						2,883	2
SOCIAL SERVICES						9,680							8,880	7
PHYSICAL MEDICINE						9,920	1,843						11,563	9
PHYSICIANS						11,160	4,929						16,089	12
FINANCED PROGRAMS														
STY/ALDS COLIC						1,240							1,240	1
SATELLITE PROGRAMS						1,240	1,843						3,083	2
CENTRAL REGISTRATION						23,560	6,572						30,132	23
PALE HEART (CARDIAC REHEB)						8,680							8,680	7
OUT PATIENT PHYSICAL THERAPY						1,240							1,240	1
MOTHER CARE PROGRAM						3,720							3,720	3
EXTRA CAPACITY														
TO SUPPORT INCREASED USERS	200,570		150,000	150,000		107,880	82,150						690,600	137
TO SUPPORT NEW CANCER CENTER										115,000			215,000	
TO SUPPORT PROVIDE CCM						28,440						28,000	86,440	31
SPARES						23,560	18,073						41,633	30
DECK INCREASE														
INPATIENT														
OUTPATIENT						19,840	9,888	115,000			13,000		237,698	22
AMPHIBARY						81,840	26,288	110,000			11,000		279,128	82
						42,160	34,503	129,000	30,000		14,000		399,653	55
EXPENSE TIME														
EXTRA CAP. TO IMPROV. REPT. TIME														
EXG. A/D/T MODULE														
APPOINTMENT SCHEDULING													85,000	
RADIOLOGY MODULE													42,000	
													85,021	
7. CANTUS														
EXTRA BOMB WORK STATIONS						19,840							19,840	16
OTHER OFF-CAMPUS FUNCTIONS	60,000				250,000	74,400	46,004	315,000					549,404	
100 DIRT. FOR CCM & PRINTERS						22,320	17,685						40,005	
WORKSHEET TOTALS	260,570	217,021	250,000	230,000	250,000	510,880	256,120	472,000	30,000	115,000	39,000	28,000	2,672,591	451



# STATE OF CONNECTICUT

FEB 3 1997

## OFFICE OF HEALTH CARE ACCESS

January 29, 1997

### IN THE MATTER OF:

A Modification Request Pursuant to Section  
19a-155, C.G.S.

Notice of Agreed Settlement  
Office of Health Care Access  
Docket Number 96-549R

Hospital of Saint Raphael

Modification of a Previous Order  
Authorizing a Hospital Patient Care  
Information System

TO: Alfred E. Fasulo  
Vice President-Planning and Marketing  
Hospital of Saint Raphael  
1450 Chapel Street  
New Haven, Connecticut 06511

Dear Mr. Fasulo:

This will serve as notice of the Agreed Settlement between the Hospital of Saint Raphael and the Office of Health Care Access in the above matter, as provided by Section 19a-155, C.G.S. On January 29, 1997, the Agreed Settlement was accepted as the finding and order of the Office of Health Care Access. A copy of the agreement is attached hereto for your information.

By Order of the  
Office of Health Care Access

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William H. Diamond  
Acting Commissioner

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# STATE OF CONNECTICUT

## OFFICE OF HEALTH CARE ACCESS

### IN THE MATTER OF:

Hospital of Saint Raphael  
1450 Chapel Street  
New Haven, Connecticut 06511

Docket Number: 96-549R  
January 29, 1997

### AGREED SETTLEMENT

WHEREAS, pursuant to Public Act 95-257 and effective July 1, 1995, the Office of Health Care Access ("OHCA") constitutes a successor agency to the Commission on Hospitals and Health Care ("Commission"), and the Commission's Regulations unless amended, repealed or superseded pursuant to law will remain in effect; and

WHEREAS, the Hospital of Saint Raphael ("Hospital") is a health care facility or institution as defined in Section 19a-145 of the Connecticut General Statutes ("C.G.S."), as amended; and

WHEREAS, on March 13, 1990, pursuant to Section 19a-155, C.G.S., the Commission granted a Certificate of Need ("CON") under Docket Number 89-556 to the Hospital for the purchase and operation of an HDS Ulticare patient care information system at a capital expenditure of \$6,438,976., which does not include capitalized financing costs, plus capitalized financing costs of \$321,949 and a debt reserve fund of \$643,898, for a total capital expenditure of \$7,404,823; and

WHEREAS, on January 27, 1994, under Docket Number 93-536R, the Commission granted a modification of its order under Docket Number 89-556 to increase the capital expenditure by \$2,725,291 from \$6,438,976 to \$9,164,267, which does not include any capitalized financing costs, plus \$321,949 in capitalized financing costs, for a total capital expenditure of \$9,486,216 and, secondly, to adjust the capital expenditure for a previously required debt service reserve for financing through bonded indebtedness, which was not utilized; and

WHEREAS, under Docket Number 93-536R, the Commission authorized the increase in the capital expenditure on the basis of additional hardware needed and additional installation costs incurred as a result of the project; and

WHEREAS, on September 11, 1996, under Docket Number 96-549R, the Hospital filed a request to modify the Commission order granted under Docket Number 89-556, as subsequently modified under Docket Number 93-536R, by increasing the capital expenditure by \$3,700,000 from \$9,164,267 to \$12,864,267, which does not include any capitalized financing costs, plus capitalized financing costs of \$321,949, for a total capital

expenditure of \$13,186,216 to upgrade certain hardware within the Hospital's patient care information system due to the following changes and conditions:

- a. The operating equipment has been in service for more than ten years.
- b. The operating equipment is no longer capable of working efficiently with current software being utilized in the Hospital's information system.
- c. The Hospital has indicated that problems with the system's hardware create significant issues of reliability, supportability and capacity, as well as a lack of serviceability from the manufacturer for equipment which is no longer produced.
- d. The Hospital is experiencing exceedingly greater hardware failure and system down time, which in turn has created service problems at a number of different levels of the Hospital's operations in providing back-up; and

WHEREAS, Stipulation #2 through #4 of the Commission Order issued under Docket Number 93-536R states as follows:

- "2) Stipulations #2 and 9 of the Commission Order issued under Docket Number 89-556, as subsequently modified under Docket Number 93-536R are amended, as follows:
2. The total capital expenditure for all components of the project as delineated in Attachment II-R, is approved at \$9,164,267, which does not include capitalized financing costs, plus \$321,949 in capitalized financing costs, for a total capital expenditure of \$9,486,216. The sources of funding for the approved total capital expenditure will be an equity contribution of \$2,725,291 from the Hospital's annual capital budget during the remaining project implementation period and debt financing of \$6,438,976.
  9. The Hospital shall take all measures to ensure that the approved capital expenditure of \$9,164,267, which does not include capitalized financing costs, is not exceeded. In the event that the scope of the project is changed or that the Hospital learns of potential cost increases or expects final project costs will be higher than those approved, the Hospital shall immediately advise the Commission in writing of such change in scope or

cost increase. The Hospital shall file with the Commission a request for approval of the changed scope or cost increase. The Hospital shall neither incur a financial obligation in excess of \$6,438,976 nor expend total funds in excess of the maximum capital expenditure as approved by the Commission herein, nor change the scope of the project without prior written approval from the Commission. Furthermore, the use of the contingency fund shall be restricted to unforeseeable expenses. Should the final capital expenditure be less than the amount approved by the Commission, the Hospital is expressly limited to the expenditure which is the lesser of \$9,164,267, which does not include capitalized financing costs, or the actual project cost. Any amount in excess of the actual project cost shall not be transferred to any other project or capital expenditure without the express written approval of the Commission. Within thirty (30) days of completion of the project, the Hospital shall report the final project cost, staff reductions and cost avoidances to the Commission. This report shall be in the format determined by the Commission.

- "3) The source of funding for the approved additional capital expenditure of \$2,725,291 will be an equity contribution of \$2,725,291 from the Hospital's annual capital budget during the remaining project implementation period. The Hospital shall not incur any debt related to this additional capital expenditure.
- "4) The Hospital agrees that it will not request any adjustments to its FY 1994 and subsequent years' budget authorizations related to this project. Attachment I-R herein, presents the Hospital's revenue and expense projections, with the project, without the project and incremental, and shows no impact of the project on revenues, operating expenses or volume. Further, the Hospital specifically waives any and all statutory rights to apply for any further modification to the authorization issued under Docket Number 89-556, as subsequently modified herein under Docket Number 93-536R, which will result in an adjustment to any years' budget authorizations."; and

WHEREAS, the Hospital filed a request for waiver of public hearing pursuant to Section 19a-160-36a of OHCA's Regulations, claiming that the request for modification is non-substantive, as defined in Section 19a-160-89(c) of OHCA's Regulations; and

WHEREAS, on October 29, 1996, the Acting Commissioner determined that the request for modification was eligible for consideration of waiver of public hearing, and a notice to the public was published in The New Haven Register, pursuant to Section 19a-160-36a of OHCA's Regulations; and

WHEREAS, on November 15, 1996, OHCA granted the Hospital's request for waiver of public hearing regarding the request for modification; and

WHEREAS, OHCA has reviewed this modification request as originally authorized under Docket Number 89-556, as subsequently modified under Docket Number 93-536R, pursuant to Section 4-181(a), C.G.S. and has fully considered the principles and guidelines set forth in Section 19a-153, C.G.S. in its review; and

WHEREAS, the Commission Order issued under Docket Number 89-556, as subsequently modified under Docket Number 93-536R, was based on evidence presented in the CON request which addressed the relationship of the request to Section 19a-153, C.G.S.; and

WHEREAS, the relationship of the CON request under Docket Number 89-556, as subsequently modified under Docket Number 93-536R, to Section 19a-153, C.G.S. is not altered by this action to modify a previous Commission Order; and

WHEREAS, both OHCA and the Hospital wish to resolve their differences with respect to this request for a modification of a previous Commission Order.

NOW, THEREFORE, the Office of Health Care Access ("OHCA") and the Hospital of Saint Raphael ("Hospital") hereby stipulate and agree to the terms of settlement with respect to the Hospital's request to modify the Commission's Order under Docket Number 89-556, as subsequently modified under Docket Number 93-536R, to increase the capital expenditure by \$3,700,000 from \$9,164,267 to \$12,864,267, which does not include any capitalized financing costs, plus capitalized financing costs of \$321,949, for a total capital expenditure of \$13,186,216 to upgrade certain hardware within the Hospital's patient care information system as follows:

1. The Hospital's request to modify the Commission's Order under Docket Number 89-556, as subsequently modified under Docket Number 93-536R, by increasing the capital expenditure by \$3,700,000 from \$9,164,267 to \$12,864,267, as delineated in Attachment I, which does not include any capitalized financing costs, plus capitalized financing costs of \$321,949, for a total capital expenditure of \$13,186,216 to upgrade certain hardware within the Hospital's patient care information system is hereby approved.
2. Stipulations 2) and 4) of the Commission Order under Docket Number 93-536R are hereby vacated.
3. The total capital expenditure for all components of the project is approved at \$12,864,267, which does not include capitalized financing costs, plus \$321,949 in capitalized financing costs, for a total capital expenditure of \$13,186,216.
4. The Hospital shall take all measures to ensure that the approved capital expenditure of \$12,864,267, which does not include capitalized financing costs, is not exceeded. In

the event that the scope of the project is changed or that the Hospital learns of potential cost increases or expects final project costs will be higher than those approved, the Hospital shall immediately advise OHCA in writing of such change in scope or cost increase. The Hospital shall file with OHCA a request for approval of the changed scope or cost increase. The Hospital shall neither incur a financial obligation in excess of \$12,864,267 nor expend funds in excess of the maximum capital expenditure as approved by OHCA herein, nor change the scope of the project without prior written approval from OHCA. Furthermore, the use of the contingency fund shall be restricted to unforeseeable expenses. Should the final capital expenditure be less than the amount approved by OHCA, the Hospital is expressly limited to the expenditure which is the lesser of \$12,864,267, which does not include capitalized financing costs, or the actual project cost. Any amount in excess of the actual project cost shall not be transferred to any other project or capital expenditure without the express written approval of OHCA. Within thirty (30) days of completion of implementation of this modification, the Hospital shall report the final project cost to OHCA. This report shall be in the format determined by OHCA.

5. The sources of funding for the approved \$3,700,000 modification to increase the total capital expenditure will be from the Hospital's operating budget during the remaining project implementation period and the originally approved funding sources for the total capital expenditure, as subsequently modified under Docket Number 93-536R, shall remain unchanged. The Hospital shall not incur any debt related to this additional capital expenditure.
6. The Hospital agrees that it will not request any adjustments to its FY 1998 and subsequent years' budget or net revenue limit authorizations for any incremental expenses, revenues, operating gain and volumes associated with this CON modification request as set forth in Attachment II. Further, the Hospital specifically waives any and all statutory rights to apply for any further modification to the authorization issued under Docket Number 89-556, as subsequently modified under Docket Number 93-536R, which will result in an adjustment to any years' net revenue limit authorizations.
7. All other stipulations contained in the Commission Order issued under Docket Number 89-556, as subsequently modified under Docket Number 93-536R, not specifically amended by this agreement, will remain in effect.
8. OHCA and the Hospital agree that this represents a final agreement between OHCA and the Hospital with respect to this request. The signing of this Agreed Settlement resolves all objections, claims and disputes which may have been raised by the Hospital, with regard to Docket Numbers 89-556, 93-536R and 96-549R.

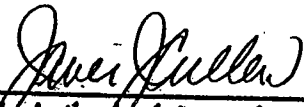


January 29, 1996

9. This Agreed Settlement is an Order of the Office of Health Care Access with all the rights and obligations attendant thereto, and OHCA may enforce this Agreed Settlement pursuant to the provisions of Sections 19a-159 and 19a-167j of the

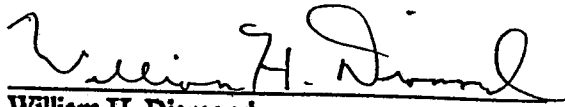
Connecticut General Statutes, at the Hospital's expense, if the Hospital fails to comply with its terms.

1/23/97  
Date

  
Duty Authorized Agent for  
The Hospital of Saint Raphael

The above Agreed Settlement is hereby accepted and so ordered by the Office of Health Care Access on January 29 1997.

1/29/97  
Date

  
William H. Diamond  
Acting Commissioner  
Office of Health Care Access

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Saint Raphael Healthcare System

## Cost

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- \$2.2 Million for workstations and network
- \$1.3 million for processors, disk, software
- \$.2 million for purchased services (training, conversion, installation, testing)

CON DOCKET NO: <u>92-54912</u>					REQUESTED FACILITY WITH THE PROJECT			
CON PROJECT: HDS - Ulticare Patient Care Information System					SUMMARY OF REVENUE, EXPENSE, AND VOLUME STATISTICS			
APPLICANT: HOSPITAL OF SAINT RAPHAEL								
SPECIFY TOTAL FACILITY OR DEPARTMENT: FACILITY					CURRENT YEAR	YEAR 2	YEAR 3	YEAR 4
LINE					1997	1998	1999	2000
1a	FEDERAL GROSS PATIENT REVENUE					12 MONTHS*	12 MONTHS*	12 MONTHS*
1b	STATE GROSS PATIENT REVENUE				229,835,058	223,329,676	221,927,844	221,601,847
2	NON-GOVT GROSS PATIENT REVENUE				35,830,382	34,816,219	34,587,647	34,546,857
3	TOTAL GROSS PATIENT REVENUE (1+2)				117,137,788	113,822,253	113,107,693	112,941,648
4	GOVT DEDUCTIONS FROM GROSS REVENUE				382,803,228	371,968,148	369,632,984	369,090,362
5	NET BAD DEBTS				115,595,177	112,323,306	111,818,156	111,454,297
6	FREE CARE				10,632,619	10,331,667	10,266,807	10,251,735
7	TOTAL UNCOMPENSATED CARE (6+8)				5,654,035	5,494,000	5,459,509	5,451,494
8	NON-GOVT CONTRACTUAL ALLOWANCES				16,286,664	16,626,667	16,726,316	16,703,229
9*	ALT DELIVERY SYS. (HMO) ALLOWANCES				28,781,648	27,966,996	27,791,423	27,750,624
10	OTHER ALLOWANCES							
11	TOTAL NON-GOVT DEDUCTIONS FROM G.R. (7+8+9+10)				2,480,251	2,410,048	2,394,918	2,391,402
12	TOTAL DEDUCTIONS FROM GROSS REVENUE (4+11)				47,648,563	46,202,711	46,912,667	45,845,256
13	TOTAL PAYMENTS (NET REVENUE) (3-12)				163,143,730	158,526,017	157,530,813	157,299,552
14*	INPATIENT GROSS REVENUE				219,669,498	213,442,131	212,102,171	211,790,800
15*	OUTPATIENT GROSS REVENUE							
16	OTHER OPERATING REVENUE							
17	REVENUE FROM OPERATIONS				8,212,702	7,970,868	7,920,828	7,909,200
18	NON-PHYSICIAN SALARIES				227,872,201	221,413,000	220,023,000	219,700,000
19	PHYSICIAN SALARIES				94,578,236	91,114,110	90,518,085	90,483,600
20	FRINGE BENEFITS-NON PHYSICIAN				14,612,046	14,076,849	13,984,765	13,979,437
21	FRINGE BENEFITS-PHYSICIAN				22,804,704	21,969,434	21,825,721	21,817,406
22	OTHER: SUPPLY & DRUGS				3,523,257	3,394,210	3,372,007	3,370,722
23	OTHER THAN SUPPLY & DRUGS				32,539,631	31,347,799	31,142,736	31,130,872
24	PHYSICIAN FEES				23,052,025	22,207,696	22,062,424	22,054,019
25	MALPRACTICE				4,195,097	4,041,443	4,015,006	4,013,476
26	LEASES - ANNUAL				4,148,604	3,996,653	3,970,508	3,968,996
27	LEASES-M/LTYEAR				2,000,000	1,926,746	1,914,142	1,913,413
28	TOTAL LEASES (26+27)				1,500,000	1,445,059	1,435,606	1,435,060
29	DEPARTMENTAL DEPRECIATION				3,600,000	3,371,806	3,349,748	3,348,472
30	PLANT DEPRECIATION				8,679,180	8,883,180	8,060,660	9,050,460
31	TOTAL DEPRECIATION (29+30)				8,338,820	8,534,820	8,705,340	8,695,540
32	INTEREST				17,018,000	17,418,000	17,766,000	17,746,000
33	EXPENSE RECOVERY(ENTER AS NEGATIVE)				5,845,890	5,329,000	5,030,000	4,769,000
34	TOTAL NET OPERATING EXPENSES (SUM(18..26,28,31..33))	1..33			225,817,490	218,267,000	217,037,000	216,682,000
35	GAIN(LOSS) FROM OPERATIONS (17-34)				2,064,711	3,146,000	2,968,000	3,018,000
36	NON-OPERATING REVENUE				1,428,000	1,214,000	1,043,000	780,000
37	REVENUE OVER(UNDER) EXPENSES (35+36)				3,482,711	4,360,000	4,029,000	3,798,000
38	FULL TIME EQUIVALENTS				2,303	2,207	2,149	2,107
39	DISCHARGES				20,851	20,617	20,302	20,213
40	PATIENT DAYS				122,614	113,370	107,761	103,566
41*	CASE MIX INDEX				1.45	1.45	1.45	1.45
42**	OTHER STATISTIC-							
43	RATE IMPACT							

CON DOCKET NO: 46-54912				REQUESTED FACILITY WITHOUT THE PROJECT			
CON PROJECT: HDS - Utlicare Patient Care Information System				SUMMARY OF REVENUE, EXPENSE, AND VOLUME STATISTICS			
APPLICANT: HOSPITAL OF SAINT RAPHAEL				(4)	(5)	(6)	(7)
SPECIFY TOTAL FACILITY OR DEPARTMENT: FACILITY				CURRENT YEAR	YEAR 2	YEAR 3	YEAR 4
LINE				1997	1998	1999	2000
					12 MONTHS*	12 MONTHS*	12 MONTHS*
1a	FEDERAL GROSS PATIENT REVENUE			229,835,058	223,329,676	221,927,644	221,601,847
1b	STATE GROSS PATIENT REVENUE			35,830,382	34,816,219	34,597,647	34,546,857
2	NON-GOVT GROSS PATIENT REVENUE			117,137,788	113,822,253	113,107,693	112,941,648
3	TOTAL GROSS PATIENT REVENUE (1+2)			382,803,228	371,968,148	369,632,984	369,090,362
4	GOVT DEDUCTIONS FROM GROSS REVENUE			115,595,177	112,323,306	111,618,156	111,454,297
5	NET BAD DEBTS			10,632,619	10,331,667	10,266,807	10,251,735
6	FREE CARE			5,654,035	5,494,000	5,459,509	5,451,494
7	TOTAL UNCOMPENSATED CARE (5+6)			16,286,664	16,826,667	16,726,316	16,703,229
8	NON-GOVT CONTRACTUAL ALLOWANCES			28,781,648	27,966,996	27,791,423	27,750,624
9*	ALT DELIVERY SYS.(HMO) ALLOWANCES			0	0	0	0
10	OTHER ALLOWANCES			2,480,251	2,410,048	2,394,918	2,391,402
11	TOTAL NON-GOVT DEDUCTIONS FROM G.R. (7+8+9+10)			47,648,563	46,202,711	46,912,667	46,845,266
12	TOTAL DEDUCTIONS FROM GROSS REVENUE (4+11)			163,143,730	158,526,017	157,530,813	157,299,562
13	TOTAL PAYMENTS (NET REVENUE) (3-12)			219,659,498	213,442,131	212,102,171	211,790,800
14*	INPATIENT GROSS REVENUE			0	0	0	0
15*	OUTPATIENT GROSS REVENUE			0	0	0	0
16	OTHER OPERATING REVENUE			8,212,702	7,970,868	7,920,828	7,909,200
17	REVENUE FROM OPERATIONS			227,872,201	221,413,000	220,023,000	219,700,000
18	NON-PHYSICIAN SALARIES			94,578,236	91,114,110	90,518,085	90,483,600
19	PHYSICIAN SALARIES			14,612,046	14,076,849	13,984,765	13,979,437
20	FRINGE BENEFITS-NON PHYSICIAN			22,804,704	21,969,434	21,825,721	21,817,406
21	FRINGE BENEFITS-PHYSICIAN			3,523,257	3,394,210	3,372,007	3,370,722
22	OTHER: SUPPLY & DRUGS			32,539,631	31,347,799	31,142,736	31,130,872
23	OTHER THAN SUPPLY & DRUGS			23,052,025	22,207,696	22,062,424	22,054,019
24	PHYSICIAN FEES			4,195,097	4,041,443	4,015,006	4,013,476
25	MALPRACTICE			4,148,604	3,996,653	3,970,508	3,968,996
26	LEASES - ANNUAL			2,000,000	1,928,746	1,914,142	1,913,413
27	LEASES-M (LTYEAR			1,500,000	1,445,059	1,435,606	1,435,060
28	TOTAL LEASES (26+27)			3,500,000	3,371,806	3,349,748	3,348,472
29	DEPARTMENTAL DEPRECIATION			8,216,680	7,958,180	8,135,680	8,125,460
30	PLANT DEPRECIATION			8,338,820	8,534,820	8,705,340	8,695,540
31	TOTAL DEPRECIATION (29+30)			16,555,500	16,493,000	16,841,000	16,821,000
32	INTEREST			5,845,890	5,329,000	5,030,000	4,769,000
33	EXPENSE RECOVERY(ENTER AS NEGATIVE)			0			
34	TOTAL NET OPERATING EXPENSES (SUM(16..26,28,31..33))	1..3		226,384,990	217,342,000	216,112,000	216,767,000
35	GAIN/(LOSS) FROM OPERATIONS (17-34)			2,517,211	4,071,000	3,911,000	3,943,000
36	NON-OPERATING REVENUE			1,428,000	1,214,000	1,043,000	780,000
37	REVENUE OVER/(UNDER) EXPENSES (35+36)			3,945,211	5,285,000	4,954,000	4,723,000
38	FULL TIME EQUIVALENTS			2,303	2,207	2,148	2,107
39	DISCHARGES			20,851	20,617	20,302	20,213
40	PATIENT DAYS			122,614	113,370	107,761	103,566
41*	CASE MIX INDEX			1.45	1.45	1.45	1.45
42**	OTHER STATISTIC			0	0	0	0
43	RATE IMPACT			0	0	0	0

CON DOCKET NO:					REQUESTED FACILITY INCREMENTAL			
CON PROJECT: HDS - Utlcare Patient Care Information System					SUMMARY OF REVENUE, EXPENSE, AND VOLUME STATISTICS			
APPLICANT: HOSPITAL OF SAINT RAPHAEL					(4)	(5)	(6)	(7)
SPECIFY TOTAL FACILITY OR DEPARTMENT: FACILITY					CURRENT YEAR	YEAR 2	YEAR 3	YEAR 4
LINE					1997	1998	1999	2000
						12 MONTHS*	12 MONTHS*	12 MONTHS*
1a	FEDERAL GROSS PATIENT REVENUE							
1b	STATE GROSS PATIENT REVENUE				0	0	0	0
2	NON-GOVT GROSS PATIENT REVENUE				0	0	0	0
3	TOTAL GROSS PATIENT REVENUE (1+2)				0	0	0	0
4	GOVT DEDUCTIONS FROM GROSS REVENUE				0	0	0	0
5	NET BAD DEBTS				0	0	0	0
6	FREE CARE				0	0	0	0
7	TOTAL UNCOMPENSATED CARE (5+6)				0	0	0	0
8	NON-GOVT CONTRACTUAL ALLOWANCES				0	0	0	0
9*	ALT DELIVERY SYS.(HMO) ALLOWANCES				0	0	0	0
10	OTHER ALLOWANCES				0	0	0	0
11	TOTAL NON-GOVT DEDUCTIONS FROM G.R. (7+8+9+10)				0	0	0	0
12	TOTAL DEDUCTIONS FROM GROSS REVENUE (4+11)				0	0	0	0
13	TOTAL PAYMENTS (NET REVENUE) (3-12)				0	0	0	0
14*	INPATIENT GROSS REVENUE				0	0	0	0
15*	OUTPATIENT GROSS REVENUE				0	0	0	0
16	OTHER OPERATING REVENUE				0	0	0	0
17	REVENUE FROM OPERATIONS				0	0	0	0
18	NON-PHYSICIAN SALARIES				0	0	0	0
19	PHYSICIAN SALARIES				0	0	0	0
20	FRINGE BENEFITS-NON PHYSICIAN				0	0	0	0
21	FRINGE BENEFITS-PHYSICIAN				0	0	0	0
22	OTHER: SUPPLY & DRUGS				0	0	0	0
23	OTHER THAN SUPPLY & DRUGS				0	0	0	0
24	PHYSICIAN FEES				0	0	0	0
25	MALPRACTICE				0	0	0	0
26	LEASES - ANNUAL				0	0	0	0
27	LEASES-M LTIYEAR				0	0	0	0
28	TOTAL LEASES (26+27)				0	0	0	0
29	DEPARTMENTAL DEPRECIATION				0	0	0	0
30	PLANT DEPRECIATION				462,500	925,000	925,000	925,000
31	TOTAL DEPRECIATION (29+30)				0	0	0	0
32	INTEREST				462,500	925,000	925,000	925,000
33	EXPENSE RECOVERY(ENTER AS NEGATIVE)				0	0	0	0
34	TOTAL NET OPERATING EXPENSES (SUM(18..25,28,31..33))	1..3			462,500	925,000	925,000	925,000
35	GAIN/(LOSS) FROM OPERATIONS (17-34)				(462,500)	(925,000)	(925,000)	(925,000)
36	NON-OPERATING REVENUE				0	0	0	0
37	REVENUE OVER/(UNDER) EXPENSES (35+36)				(462,500)	(925,000)	(925,000)	(925,000)
38	FULL TIME EQUIVALENTS				0	0	0	0
39	DISCHARGES				0	0	0	0
40	PATIENT DAYS				0	0	0	0
41*	CASE MIX INDEX				0	0	0	0
42**	OTHER STATISTIC-				0	0	0	0
43	RATE IMPACT				0	0	0	0

CON DOCKET NO: 96-5482				REQUESTED DEPARTMENT WITHOUT THE PROJECT			
CON PROJECT: HDS- Ulticare Patient Care Information System				SUMMARY OF REVENUE, EXPENSE, AND VOLUME STATISTICS			
APPLICANT: HOSPITAL OF SAINT RAPHAEL				(4)	(5)	(6)	(7)
SPECIFY TOTAL FACILITY OR DEPARTMENT: DEPARTMENT- IS				CURRENT YEAR	YEAR 2	YEAR 3	YEAR 4
LINE				1997	1998	1999	2000
1a	FEDERAL GROSS PATIENT REVENUE				12 MONTHS*	12 MONTHS*	12 MONTHS*
1b	STATE GROSS PATIENT REVENUE			0	0	0	0
2	NON-GOVT GROSS PATIENT REVENUE			0	0	0	0
3	TOTAL GROSS PATIENT REVENUE (1+2)			0	0	0	0
4	GOVT DEDUCTIONS FROM GROSS REVENUE			0	0	0	0
5	NET BAD DEBTS			0	0	0	0
6	FREE CARE			0	0	0	0
7	TOTAL UNCOMPENSATED CARE (5+6)			0	0	0	0
8	NON-GOVT CONTRACTUAL ALLOWANCES			0	0	0	0
9*	ALT DELIVERY SYS.(HMO) ALLOWANCES			0	0	0	0
10	OTHER ALLOWANCES			0	0	0	0
11	TOTAL NON-GOVT DEDUCTIONS FROM G.R. (7+8+9+10)			0	0	0	0
12	TOTAL DEDUCTIONS FROM GROSS REVENUE (4+11)			0	0	0	0
13	TOTAL PAYMENTS (NET REVENUE) (3-12)			0	0	0	0
14*	INPATIENT GROSS REVENUE			0	0	0	0
15*	OUTPATIENT GROSS REVENUE			0	0	0	0
16	OTHER OPERATING REVENUE			0	0	0	0
17	REVENUE FROM OPERATIONS			0	0	0	0
18	NON-PHYSICIAN SALARIES			0	0	0	0
19	PHYSICIAN SALARIES			4,065,023	3,916,243	3,890,631	3,889,152
20	FRINGE BENEFITS-NON PHYSICIAN			0	0	0	0
21	FRINGE BENEFITS-PHYSICIAN			0	0	0	0
22	OTHER: SUPPLY & DRUGS			0	0	0	0
23	OTHER THAN SUPPLY & DRUGS			0	0	0	0
24	PHYSICIAN FEES			2,577,933	2,483,581	2,467,338	2,466,400
25	MALPRACTICE			0	0	0	0
26	LEASES - ANNUAL			0	0	0	0
27	LEASES-M (LTIYEAR			0	0	0	0
28	TOTAL LEASES (26+27)			0	0	0	0
29	DEPARTMENTAL DEPRECIATION			0	0	0	0
30	PLANT DEPRECIATION			0	0	0	0
31	TOTAL DEPRECIATION (29+30)			0	0	0	0
32	INTEREST			0	0	0	0
33	EXPENSE RECOVERY(ENTER AS NEGATIVE)			0	0	0	0
34	TOTAL NET OPERATING EXPENSES (SUM(18,25,28,31,33))	1..3		6,642,966	6,399,824	6,357,969	6,355,563
35	GAIN/(LOSS) FROM OPERATIONS (17-34)			(6,642,966)	(6,399,824)	(6,357,969)	(6,355,563)
36	NON-OPERATING REVENUE			0	0	0	0
37	REVENUE OVER/(UNDER) EXPENSES (35+36)			(6,642,966)	(6,399,824)	(6,357,969)	(6,355,563)
38	FULL TIME EQUIVALENTS			0	0	0	0
39	DISCHARGES			0	0	0	0
40	PATIENT DAYS			0	0	0	0
41*	CASE MIX INDEX			0	0	0	0
42**	OTHER STATISTIC-			0	0	0	0
43	RATE IMPACT			0	0	0	0

CON DOCKET NO:		96-549R		REQUESTED DEPARTMENT WITH THE PROJECT	
CON PROJECT: HDS- UHicare Patient Care Information System		SUMMARY OF REVENUE, EXPENSE, AND VOLUME STATISTICS			
APPLICANT: HOSPITAL OF SAINT RAPHAEL					
SPECIFY TOTAL FACILITY OR DEPARTMENT: DEPARTMENT- IS					
		(4)	(5)	(6)	(7)
		CURRENT YEAR	YEAR 2	YEAR 3	YEAR 4
		1997	1998	1999	2000
LINE			12 MONTHS*	12 MONTHS*	12 MONTHS*
1a	FEDERAL GROSS PATIENT REVENUE				
1b	STATE GROSS PATIENT REVENUE	0	0	0	0
2	NON-GOVT GROSS PATIENT REVENUE	0	0	0	0
3	TOTAL GROSS PATIENT REVENUE (1+2)	0	0	0	0
4	GOVT DEDUCTIONS FROM GROSS REVENUE	0	0	0	0
5	NET BAD DEBTS	0	0	0	0
6	FREE CARE	0	0	0	0
7	TOTAL UNCOMPENSATED CARE (5+6)	0	0	0	0
8	NON-GOVT CONTRACTUAL ALLOWANCES	0	0	0	0
9*	ALT DELIVERY SYS.(HMO) ALLOWANCES	0	0	0	0
10	OTHER ALLOWANCES	0	0	0	0
11	TOTAL NON-GOVT DEDUCTIONS FROM G.R. (7+8+9+10)	0	0	0	0
12	TOTAL DEDUCTIONS FROM GROSS REVENUE (4+11)	0	0	0	0
13	TOTAL PAYMENTS (NET REVENUE) (3-12)	0	0	0	0
14*	INPATIENT GROSS REVENUE	0	0	0	0
15*	OUTPATIENT GROSS REVENUE	0	0	0	0
16	OTHER OPERATING REVENUE	0	0	0	0
17	REVENUE FROM OPERATIONS	0	0	0	0
18	NON-PHYSICIAN SALARIES	0	0	0	0
19	PHYSICIAN SALARIES	4,065,023	3,916,243	3,890,631	3,889,152
20	FRINGE BENEFITS-NON PHYSICIAN	0	0	0	0
21	FRINGE BENEFITS-PHYSICIAN	0	0	0	0
22	OTHER: SUPPLY & DRUGS	0	0	0	0
23	OTHER THAN SUPPLY & DRUGS	0	0	0	0
24	PHYSICIAN FEES	2,577,933	2,483,581	2,467,338	2,466,400
25	MALPRACTICE	0	0	0	0
26	LEASES - ANNUAL	0	0	0	0
27	LEASES-M LTITYEAR	0	0	0	0
28	TOTAL LEASES (26+27)	0	0	0	0
29	DEPARTMENTAL DEPRECIATION	0	0	0	0
30	PLANT DEPRECIATION	0	0	0	0
31	TOTAL DEPRECIATION (29+30)	0	0	0	0
32	INTEREST	0	0	0	0
33	EXPENSE RECOVERY(ENTER AS NEGATIVE)	0	0	0	0
34	TOTAL NET OPERATING EXPENSES (SUM(18..25,28,31..33))	1..3	6,642,966	6,399,824	6,357,969
36	GAIN(LOSS) FROM OPERATIONS (17-34)		(6,642,966)	(6,399,824)	(6,357,969)
38	NON-OPERATING REVENUE		0	0	0
37	REVENUE OVER(UNDER) EXPENSES (36+38)		(6,642,966)	(6,399,824)	(6,357,969)
39	FULL TIME EQUIVALENTS		0	0	0
40	DISCHARGES		0	0	0
41*	PATIENT DAYS		0	0	0
42**	CASE MIX INDEX		0	0	0
43	OTHER STATISTIC-		0	0	0
	RATE IMPACT		0	0	0

CON DOCKET NO: 96-548R				REQUESTED DEPARTMENT INCREMENTAL			
CON PROJECT: HDS - Utlicare Patient Care Information System				SUMMARY OF REVENUE, EXPENSE, AND VOLUME STATISTICS			
APPLICANT: HOSPITAL OF SAINT RAPHAEL				(4)	(5)	(6)	(7)
SPECIFY TOTAL FACILITY OR DEPARTMENT: DEPARTMENT- IS				CURRENT YEAR	YEAR 2	YEAR 3	YEAR 4
LINE				1997	1998	1999	2000
1a	FEDERAL GROSS PATIENT REVENUE				12 MONTHS*	12 MONTHS*	12 MONTHS*
1b	STATE GROSS PATIENT REVENUE			0	0	0	0
2	NON-GOVT GROSS PATIENT REVENUE			0	0	0	0
3	TOTAL GROSS PATIENT REVENUE (1+2)			0	0	0	0
4	GOVT DEDUCTIONS FROM GROSS REVENUE			0	0	0	0
5	NET BAD DEBTS			0	0	0	0
6	FREE CARE			0	0	0	0
7	TOTAL UNCOMPENSATED CARE (5+6)			0	0	0	0
8	NON-GOVT CONTRACTUAL ALLOWANCES			0	0	0	0
9*	ALT DELIVERY SYS.(HMO) ALLOWANCES			0	0	0	0
10	OTHER ALLOWANCES			0			
11	TOTAL NON-GOVT DEDUCTIONS FROM G.R. (7+8+9+10)			0			
12	TOTAL DEDUCTIONS FROM GROSS REVENUE (4+11)			0	0	0	0
13	TOTAL PAYMENTS (NET REVENUE) (3-12)			0	0	0	0
14*	INPATIENT GROSS REVENUE			0	0	0	0
15*	OUTPATIENT GROSS REVENUE			0	0	0	0
16	OTHER OPERATING REVENUE			0	0	0	0
17	REVENUE FROM OPERATIONS			0			
18	NON-PHYSICIAN SALARIES			0	0	0	0
19	PHYSICIAN SALARIES			0			
20	FRINGE BENEFITS-NON PHYSICIAN			0			
21	FRINGE BENEFITS-PHYSICIAN			0			
22	OTHER: SUPPLY & DRUGS			0			
23	OTHER THAN SUPPLY & DRUGS			0			
24	PHYSICIAN FEES			0			
25	MALPRACTICE			0			
26	LEASES - ANNUAL			0			
27	LEASES-M LTIYEAR			0			
28	TOTAL LEASES (26+27)			0			
29	DEPARTMENTAL DEPRECIATION			0	0	0	0
30	PLANT DEPRECIATION			0	0	0	
31	TOTAL DEPRECIATION (29+30)			0	0	0	
32	INTEREST			0	0	0	0
33	EXPENSE RECOVERY(ENTER AS NEGATIVE)			0			
34	TOTAL NET OPERATING EXPENSES (SUM(18..28,31..33))	1..3		0	0	0	0
35	GAIN/(LOSS) FROM OPERATIONS (17-34)			0	0	0	0
36	NON-OPERATING REVENUE			0	0	0	0
37	REVENUE OVER/(UNDER) EXPENSES (35+36)			0	0	0	0
38	FULL TIME EQUIVALENTS			0	0	0	0
39	DISCHARGES			0	0	0	0
40	PATIENT DAYS			0			
41*	CASE MIX INDEX			0.00			
42**	OTHER STATISTIC-			0	0	0	0
43	RATE IMPACT			0.0			



Hospital of  
Saint Raphael

1450 Chapel Street  
New Haven, Connecticut 06511

August 6, 1993

Commissioner Steven J. Bongard, PHD.  
Commission on Hospitals and Health Care  
1049 Asylum Street  
Hartford, Ct. 06105

Re: Health Data Systems (HDS) Ulticare Patient Care Information  
System. Docket Number 89-556

Dear Commissioner Bongard:

In accordance with the Agreed Settlement, dated March 9, 1990, relating to the above referenced project, The Hospital of Saint Raphael requests that the Commission approve a capital expenditure increase of \$2,725,291 to provide additional Hardware and Installation resources for project completion. This additional capital is projected to increase the original CON approved funding of \$6,438,976 to \$9,164,267. (Exhibit A compares current capital requirements to the original CON).

This need was initially expressed to the Commission in a memo written on August 6, 1992, by Charles Riordan, M.D., Vice president of Medical Services, to Commissioner Steven J. Bongard, PHD. (note Exhibit C). We are now submitting a formal request for approval of an increased capital expenditure.

As of May 31, 1993, the project has expended 94.2% of the approved budget. Wherever possible, the Hospital has attempted to hold down expenses associated with this project. For example, we were able to reduce actual Fixed Equipment costs by \$32,827 from the amount originally projected, (note Exhibit B). The additional funding requested, will come from the Hospital's annual capital budget. No additional debt financing will be used. (Reference: Agreed Settlement Dated March 9, 1990, Page 5, Article 10.).

Significant progress continues to be made on the Patient Care Information System installation. The Hospital has successfully installed the Admission/Discharge/Transfer (ADT), Registration, Patient Appointment Scheduling and Radiology modules. A major segment of the Radiology module was the installation of the "Order Entry/Results Reporting" segment, which is the vehicle for all other applications that require orders to be written and/or results to be reported.

However, unforeseeable developments occurring during implementation of the ULTICARE system have caused the Hospital to adjust the total capital cost and duration of the project as originally proposed in the above mentioned CON. The first adjustment deals with the need for additional terminal devices and hardware support required beyond that which appeared in the CON. The second adjustment is a revision of the timetable for future ULTICARE module installation based on the Hospital's actual experience during and after the A/D/T Registration installation. Each of these two points will be explained in detail.

#### Need for Additional Hardware:

The original CON stated that the Hospital projected a need for 790 devices (Terminals(CRT) and Printers). (Reference: Original CON of 05/01/89, applicant page 14). At the time of the CON, the Hospital and HDS had limited experience in projecting device needs. Our current estimate is 1,211 devices, which more accurately reflects the needs of the Hospital given our installation experience. To support these devices, additional CPU, Data Storage, Communications and other hardware will also be required. (Note Exhibit D for detail hardware costs.)

The introduction of the Radiology module required that all users ie. Physicians, Nurses, etc., having privileges to enter orders and/or request results, have access to work stations (CRTs and Printers) in the immediate area where their patients are being treated. To date, a total of 666 work station devices have been installed. In order to provide access to all users of the system, it is required that we install an additional 545 devices over the next two years in patient rooms, enhanced service locations and in ancillary areas ie. Laboratory, Nursing and Pharmacy as these modules are installed. Activity is now being directed toward the Laboratory module, scheduled for installation in April 1994.

The need for additional hardware is being driven by:

- Health Data Sciences(HDS) introduction of 10 new modules to its product line. These modules are consistent with the original intent of the patient care system as described in the CON of a totally automated bedside terminal patient care clinical system. (note Exhibit F).
- The increased activity caused by enhanced programs experienced by the Hospital since 1988 (note Exhibit E). As a result, additional work stations must be provided to accommodate these activities.

- The existing limited CPU and Communications capacity to support the increased number of users. During the CON application process, the Hospital stated that increasing system capacity may be required to the level necessary to satisfy new installations. (Reference: Response to CON Completion Questions of 10/17/89, applicant page 2.)
- Combined patient and Ancillary volumes have increased by 40.56% since 1988. Whereas, volumes increased by only 7.62% between the years 1983 and 1988. (Reference: Response to CON Completion Questions of 05/19/89, applicant pages 297,298) and (note Exhibit G). Our best estimates could not have predicted a volume increase of over 40% in the 5 years after the CON was prepared.
- Experience to date has demonstrated intermittent work station response time issues that were not evident when the CON was prepared. Additional CPU capacity must be installed to improve response time during high activity periods.
- \$548,000 for hardware to provide off-campus system capabilities for physicians and other health care providers. This expansion capability was envisioned but not defined at the time of the CON submission. (Reference: Response to CON Completion Questions of 10/17/89, applicant page 2). However, with its increased understanding of the ULTICARE System, the need to anticipate and plan for this capability is appropriate at this time.

#### Revision to Installation Schedule:

The CON indicated the installation period for the entire system would take approximately 2 1/2 years. The original patient care system installation timetable and implementation strategy has been revised to incorporate the additional 10 modules and the knowledge gained by the installed modules.

To successfully install the A/D/T Registration module, a considerable amount of effort was spent in developing an efficient interface with the existing financial system. The Radiology module, which was the first module to interact with patient care providers, required additional data base development time due to the unfamiliarity with automated systems on the part of the users, specifically Physicians, Nursing staff and Radiology technicians. In addition, insufficient time was allowed for the learning curve aspects once a module is installed. During this learning curve period, significant patient care system labor resources are required to refine the module and respond to user requests and education.

Consequently, the timetable for system installation has been revised. The schedule now calls for the entire system to be completely installed by June 1997. (Exhibit D lists the modules and their scheduled implementation dates and associated hardware costs).

#### Cost Savings:

The delay in the implementation of the ULTICARE System has deferred the anticipated savings as stated in the original CON, by two years. (Reference: Original CON of 05/01/89, applicant page 231.A). However, it is still the Hospital's expectation that these savings will be attained as the system matures. It is important to note that it is a prerequisite that three major departments: Laboratory, Pharmacy and Radiology, are installed and operational before any significant savings can be attained.

#### Consequences of Not Approving This Request:

If the Commission does not approve this request for an increase of the allowable maximum capital expenditure, the Hospital will be unable to install the remaining ULTICARE modules. (Reference: Agreed Settlement Dated March 9, 1990, Page 4, Article 9). The result of such a project termination will greatly limit the functionality of the ULTICARE system to the installed A/D/T, Registration, Radiology and Appointment Scheduling modules. The automation of the Laboratory, Pharmacy, Nursing and all other Ancillary Systems would be suspended until funding became available for the selection and implementation of "Stand A-Lone" systems or, another integrated Patient Care System. We would then become involved with the requirement to interface the ULTICARE system with the new system(s). ~~This approach of interfacing multi vendor systems is contrary to the Hospital's original CON intent of installing a single integrated Patient Care System. (Reference: Executive Summary, Page III, "Philosophy").~~ Current cost estimates to install "Stand A-Lone" systems for the three major departments; Laboratory, Pharmacy and Nursing, would be \$3.5 million. The other ancillary departments and integration requirements would add an additional \$2.5 million, for a total of approximately \$6 million. The time required for the selection of new systems would delay the project for another one to two years, thereby delaying the cost savings associated with systems automation.

In conclusion, the Hospital is pleased with the progress to date on the systems installation. We are more certain than ever that the ULTICARE System implementation will be successful. Users have shown a remarkable acceptance of the installed modules and are eager to continue with the installation of the remaining modules. The benefits of and need for automation has been clearly identified with the successful installation of the Radiology system. Any major change or delay to the direction the Hospital has taken, will have a negative impact on the entire organization and its ability to

install any patient care system. In order to continue with implementation of the ULTICARE system and achieve its maximum capabilities and efficiencies, the Hospital respectfully requests that the Commission approve this request for an increase of the maximum capital expenditure set forth in Docket No.89-556, from \$6,438,976 to \$9,164,267.

Sincerely yours,



Christian Vogt  
Vice President for Information Services

CC

Commissioner E. Cortright Phillips, Commission on Hospitals and Health Care ✓

James Cullen, President and Chief Executive Officer  
JaneAnne Lubin-Szafranski, Vice President/General Council  
Stephen McPherson, Vice President, Finance  
Charles Riordan, M.D. Vice President for Medical Services  
Matthew Van Vranken, Executive Vice President and Chief Executive Officer

ICARE ORIGINAL CON BUDGET vs. REQUESTED BUDGET REVISION AS OF 07/31/93

INBG) CAPITAL \*\*\*\*\*

F #	DESCRIPTION	CON APPROVED		REQUESTED		DIFFERENCE
		PROJECT	BUDGET	BUDGET	REVISION	
		AS OF 07/93				

• FIXED EQUIPMENT

100-18140/3	• RENOVATION					
100-18145	• OFFICES (TELE 15,600)	26,000	22,000	(4,000)		
100-18145	• 131 SHERMAN AVE.	25,000	20,000	(5,000)		
100-18145	• COMMUNICATION CLOSETS	35,200	26,000	(9,200)		
	(incl UPS)					
	SUBTOTAL	86,200	68,000	(18,200)		

100-18125	• DATA CTR. (COMPUTER RM)	270,000	254,000	(16,000)		
	(INCL. COMM. CABLING)					
	TOTAL FIXED EQUIPMENT	356,200	322,000	(34,200)		

• HARDWARE (SYSTEM)

100-18136	• COMPUTER HARDWARE	3,709,514	6,382,105	2,672,591		
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• HARDWARE OTHER

100-18138	• OFFICE FURNITURE	63,100	50,000	(13,100)		
100-18139	• PERSONAL COMPUTERS	22,500	22,500			
100-18142	• BACKUP GENERATOR	350,000	350,000			
100-18137	• SOFTWARE	1,727,662	1,727,662			

00-18141	• INSTALLATION EXPENSE	210,000	310,000	100,000		
	TOTAL BUDGETED AMOUNT	6,438,976	9,164,267	2,725,291		

\*\*\*\*\*

CT #	DESCRIPTION	CON APPROVED PROJECT BUDGET	MONTH TO DATE ACTUAL	INCEPTION TO DATE ACTUAL	INCEPTION TO DATE VARIANCE TO CON APPROV- ED BUDGET	% COMPL	* ACTUAL vs. BUDGET
		(1)	(3)	(4)	(5)	(6)	(8)
	• FIXED EQUIPMENT						
	• RENOVATION						
3000-18140/3	• OFFICES (TELE 15,600)	26,000		24,086	1,914	100%	92.6%
3000-18146	• 131 SHERMAN AVE.	25,000		19,725	5,275	100%	78.9%
3000-18145	• COMMUNICATION CLOSETS (Incl UPS)	35,200		26,365	8,835	100%	74.9%
	SUBTOTAL	66,200		70,176	16,024		81.4%
3000-18125	• DATA CTR. (COMPUTER RM) (Incl. COMM. CABLING)	270,000		253,197	16,803	100%	93.8%
	TOTAL FIXED EQUIPMENT	356,200		323,373	32,827		90.8%
3000-18136	• HARDWARE (SYSTEM)						
	• COMPUTER HARDWARE	3,709,514	246,969	3,928,135	(218,621)	59%	105.9%
	• HARDWARE OTHER						
3000-18138	• OFFICE FURNITURE	63,100	243	45,926	17,174	100%	72.8%
3000-18139	• PERSONAL COMPUTERS	22,500		17,052	5,448	100%	75.8%
3000-18144UNB	• MISCELLANEOUS • OPER. STARTUP COST			73,523	(73,523)	100%	
3000-18142	• BACKUP GENERATOR	350,000		350,000		100%	100.0%
3000-18137	• SOFTWARE	1,727,662	33,333	1,099,991	627,671	90%	63.7%
3000-18141	• INSTALLATION EXPENSE	210,000	4,627	225,082	(15,082)	45%	107.2%
	TOTAL BUDGETED AMOUNT	6,438,976	285,172	5,989,559	449,417		93.0%
	TOTAL UNBUDGETED AMOUNT		285,172	6,063,082	375,894		94.2%

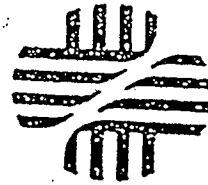
LITICRE budget as approved by CHHC AGREED SETTLEMENT dated March 13, 1990.

Month to date actual CAPITAL expense including labor and purchased materials. Overhead and G&A not included.

total CAPITAL expenses accrued beginning MARCH 13, 1990.

difference between CON approved Budget and Total expenses accrued since MARCH 13, 1990.  
lost current estimate of "% of completion" by line item. This does not reflect % of \$\$\$ expended. It reflects the physical status of the line item.

Actual Expense vs. Budget - Col. (4) divided by Col. (1)  
Comm. Cabling (18144UNB) \$49,687, was included with DATA CTR. (18125) as of Dec. 92.



ipit. of  
int Raphael

0 Chapel Street  
v Haven, Connecticut 06511

August 6, 1992

Commissioner Steven J. Bongard, PHD.  
Commission on Hospitals and Health Care  
1049 Asylum Street  
Hartford, Ct. 06105

Re: Health Data Systems (HDS) Ulticare Patient Care Information System  
Docket Number 89-556

Dear Commissioner Bongard:

As stipulated in the above C.O.N. Authorized/Agreed Settlement data March 13, 1990, the Hospital has provided annual reports to the Commission. The last such report was dated December 20, 1991. Since this last report, the Hospital has reviewed the initial cost and schedule projections. Based on this review, a new timetable and capital requirements have been determined for the entire scope of the installation. Rather than wait until the next annual report, the Hospital wishes to advise the Commission of the revisions to the original C.O.N. document.

Significant progress is being made on the Patient Care Information System Installation. The Hospital successfully installed the Admission/Discharge/Transfer (ADT) and Registration and Patient Appointment module on November 9, 1991. Activity is now being directed towards the installation of the radiology and laboratory modules. However, two significant factors have caused the Hospital to adjust both the scope and duration of the project as originally proposed in the above mentioned C.O.N. The first factor deals with the additional terminal devices and hardware support required beyond that which appeared in the C.O.N. The second factor is a revision of the timetable for future Ulticare module installation based on the Hospital's actual experience during and after the ADT/Registration installation. Each of these two points will be explained in detail.

#### Need for Additional Terminals/Printers & Support Hardware

The Ulticare Patient Information System software vendor, Health Data Sciences (HDS), has introduced 10 new modules in its product line since the Hospital originally prepared its C.O.N. In addition, the nursing module has been broken down to two distinct functions. These modules are consistent with the original intent of the patient care system as described in the C.O.N. of a totally automated bedside terminal patient care clinical system. A listing comparing the listing of modules currently available to those listed in the original C.O.N. indicates the increased scope of automation in the Ulticare System.



Modules Available  
at time of C.O.N.

- ADT/Registration
- Laboratory
- Radiology
- Pharmacy
- Nursing

Modules Available  
As of July, 1992

- ADT/Registration
- Laboratory
- Radiology
- Pharmacy
- Nursing-Patient Care
- Nursing-Bedside
- OR Scheduling
- Appointment Scheduling
- Dietary
- Cardiology
- Pulmonary/Respiratory
- Social Services
- Physical Medicine
- Medical Records
- Physicians
- Quality Assurance

These modules are a logical extension of Ulticare's software program development. No additional funding is required to purchase these modules. They are considered part of the Ulticare base product. However, the Hospital must now provide the additional terminal device support to make these modules available throughout the entire Hospital campus. During the C.O.N. application process, the Hospital stated that increasing system capacity may be required to the level necessary to satisfy new installations. (Reference: Response to C.O.N. Completion Questions of 10/17/89, applicant page 2).

The original C.O.N. stated that the Hospital projected a need for 790 devices (printers and terminals) based on its knowledge and modules available at the time. Based on the Hospital's current system understanding and HDS modules availability, the Hospital now projects a total 1,211 devices will be required. To support these devices, additional CPU, Data Storage, Communications and other hardware is also required. Exhibit B lists the hardware costs. The additional capital funding required to support this expansion is projected to be \$9,164,267 or \$2,725,291 over the original C.O.N. approval figure of \$6,438,976. (Exhibit A compares current capital requirements to original figures submitted in the C.O.N.).

Included in these revised projections is \$548,000 for hardware to provide off-campus system capabilities for physicians, hospitals and other health care providers. This expansion capability was envisioned but not defined at the time of the C.O.N. submission. However, with its increased understanding of the Ulticare System, the need to anticipate and plan for this capability is appropriate at this time.

The funding for this additional equipment will come from the Hospital's annual capital budget. No additional debt financing will be used.

Revision to Installation Schedule

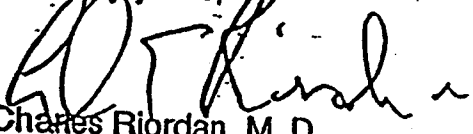
The C.O.N. indicated the installation period for the entire system would take approximately 2 1/2 years. The original patient care system installation timetable and implementation strategy has been revised to incorporate the additional 10 modules and the knowledge gained by the ADT/Registration module installation.

To successfully install the ADT/Registration module, a considerable amount of effort was spent in developing an efficient interface with existing financial systems. In addition, insufficient time was allowed for the learning curve aspects once a module is installed. During this learning curve period, significant patient care system labor resources are required to refine the module and respond to user requests and education.

Consequently, the timetable for complete system installation has been revised. The schedule now calls for the entire patient care system to be installed by June, 1997. Exhibit B lists the modules and their scheduled implementation dates and associated hardware costs.

In conclusion, the Hospital is pleased with the progress to date on the systems installation. As part of the management process, the Hospital has reviewed initial cost and timing schedules based on the knowledge acquired to date and to reflect the changes in the base product. If the Commission feels any further data or activity is required, please advise me so that the Hospital may properly respond.

Sincerely yours,

  
Charles Riordan, M. D.  
Vice President for Medical Services

CR/dap

ACCT #	DESCRIPTION	CON APPROVED PROJECT BUDGET	REVISED BUDGET 07/15/92	DIFFERENCE
	<b>. FIXED EQUIPMENT</b>			
18000-18140/3	<b>. RENOVATION</b>			
18000-18146	. OFFICES (TELE 15,600)	25,000	22,000	(4,000)
18000-18145	. 131 SHERMAN AVE.	25,000	20,000	(5,000)
	. COMMUNICATION CLOSETS	35,200	26,000	(9,200)
	(incl UPS)			
	SUBTOTAL	86,200	68,000	(18,200)
18000-18125	. DATA CTR. (COMPUTER RM)	270,000	254,000	(16,000)
	(incl. cabling)			
	TOTAL FIXED EQUIPMENT	356,200	322,000	(34,200)
	<b>. HARDWARE (SYSTEM)</b>			
18000-18136	. COMPUTER HARDWARE (*)	3,709,514	6,382,105	2,672,591
	<b>. HARDWARE OTHER</b>			
18000-18138	. OFFICE FURNITURE	63,100	50,000	(13,100)
18000-18139	. PERSONAL COMPUTERS	22,500	22,500	
18000-18142	. BACKUP GENERATOR	350,000	350,000	
18000-18137	. SOFTWARE	1,727,662	1,727,662	
18000-18141	. INSTALLATION EXPENSE	210,000	310,000	100,000
		6,438,976	9,164,267	2,725,291

\* Support detail on EXHIBIT "B".

APPLICATION	REGISTRATION INVT	RADIOLOGY	LAB	NURSING (PHASE 1)	PHARMACY	NURSING (PHASE 2)	DIETARY	CARDIOLOGY
	APPOINT SCH. MEDIPAC INTERF							10/95 PULM. RESP. 02/96
INSTALL. DATE	11/91	03/93	08/93	02/94	11/94	06/95	08/95	SEE ABOVE
INITIAL INSTALL. ICPU	3,211,041		(6TH CPU) 250,000 30,570	(7TH CPU) 250,000		(8TH CPU) 250,000 20,000		
ICOMM PORTS	66,894			118,000	150,000			
IDISK STORAGE	286,000		30,000	30,000	118,000			
IBAR CODE	20,000			115,000				
ICANCER CTR COMM.				38,000				
IDISK CONTROLLER					157,000	157,000		
ICRT/PRT.	316,600							
ITAPE CTRL SH.	15,000							
IADDRESSGRAPH	16,000							
ICRT STANDS	28,000							
TOTAL	3,211,041 (ACTUAL)	748,494	310,570	551,000	425,000	427,000	0	0
COMM. TOTAL OVER\ (UNDER) BUDG	3,211,041 (498,473)	3,959,535 250,021	4,270,105 560,591	4,821,105 1,111,591	5,246,105 1,536,591	5,673,105 1,963,591	5,673,105 1,963,591	5,673,105 1,963,591
BUDGET= \$3,789,514								
APPLICATION	PHYSICAL MED. & REHAB.	IOVR SCHEDULING 06/96	PHYSICIAN CLINICAL DOCUMENTATION	MEDICAL RECS. 02/97	IOFF CAMPUS FUNCTIONS			
		SOC. SERV. 08/96		IOA & UTIL. REV. 06/97				
INSTALL. DATE	08/96	SEE ABOVE	10/96	SEE ABOVE	TO BE DETERMINED			
INITIAL INSTALL. ICPU					(9TH CPU) 250,000			
ICOMM PORTS					60,000			
IDISK STORAGE				118,000	118,000			
IBAR CODE								
ICANCER CTR COMM.								
IDISK CONTROLLER								
ICRT/PRT.					120,000			
ITAPE CTRL SH.								
IADDRESSGRAPH								
ICRT STANDS								
TOTAL	0	0	43,000	118,000	548,000			
COMM. TOTAL OVER\ (UNDER) BUDG	5,673,105 1,963,591	5,673,105 1,963,591	5,716,105 2,006,591	5,834,105 2,124,591	6,302,105 2,672,591			

CPU CONFIGURATION:  
2 - ARCHIVE M/CS  
6 - APPLICATION  
1 - DEVELOPMENT

## EXHIBIT D

LOCATION	REGISTRATION	RADIOLOGY & NURSING (PHASE 1)	LAB	NURSING- (PHASE 1)	PHARM	NURSING (PHASE 2)	DIETARY	CARDIOLOGY
	ADVT	APPOINT SCH.		PATIENT ASSIGN				10/95
	IMEDIPAC INTERF	ORDER ENTRY/ RESULTS REPT.		DOCUMENTATION				PULM. RESP.
				NURSE REPORT				02/96
TALL. DATE	COMPLETE 11/91	COMPLETE 06/93	04/94	10/94	11/94	06/95	08/95	SEE ABOVE
TIAL. INSTALL.	3,211,041	(6TH CPU)	(7TH CPU)	(8TH CPU)				
M PORTS		250,000	250,000		250,000			
K STORAGE		66,894	30,570		150,000	20,000		
CODE		286,000	118,000		118,000			
DER CTR COMM.		50,000	30,000					
K CONTROLLER			115,000					
PRTR.		26,600	290,000		157,000	157,000		
E CTRL SW.		15,000						
RESSOGRAPH		16,000		26,000				
STANDS								
TOTAL	3,211,041 (ACTUAL)	710,494	871,570	26,000	675,000	177,000	0	0
TOTAL (UNDER) BUDG	3,211,041 (498,473)	3,921,535	4,793,105	4,821,105	5,496,105	5,673,105	5,673,105	5,673,105
ET= \$3,709,514		212,021	1,083,591	1,111,591	1,786,591	1,963,591	1,963,591	1,963,591
LOCATION	PHYSICAL MED. & REHAB.	IO/R SCHEDULING	PHYSICIAN CLINICAL	MEDICAL RECS. 02/97	OFF CAMPUS FUNCTIONS			
		06/96	DOCUMENTATION	02/97				
		SOC. SERV. 08/96		IGA & UTIL. REV. 06/97				
TALL. DATE	04/96	SEE ABOVE	10/96	SEE ABOVE	TO BE DETERMINED			
TIAL. INSTALL.					(9TH CPU)	CPU CONFIGURATION:		
M PORTS						2 - ARCHIVE M/CS		
K STORAGE						6 - APPLICATION		
CODE						1 - DEVELOPMENT		
DER CTR COMM.								
K CONTROLLER								
PRTR.								
E CTRL SW.			43,000					
RESSOGRAPH								
STANDS								
TOTAL	0	0	43,000	118,000	548,000			
TOTAL (UNDER) BUDG	5,673,105	5,673,105	5,716,105	5,834,105	6,382,105			
	1,963,591	1,963,591	2,006,591	2,124,591	2,672,591			

**Attachment # 6**

**Notice of Agreed Settlement**

**Docket Number: 89-556**

**Docket Number: 93-536R (modification)**

**Docket Number: 96-549R (modification)**

**Ulticare Information System**

**SAINT RAPHAEL HEALTHCARE SYSTEM  
 CERTIFICATE OF NEED (CON) APPLICATIONS & STIPULATION STATUS REPORT  
 UPDATED ON:24-Sep-99**

**1989**

Docket Number	Applicant(s)	Description	Estimated Capital Cost	Status	Date
89-556 CHHC	Hospital of Saint Raphael	Purchase and Operation of an HDS Utlicare Patient Care Information System	\$ 6,760,925  \$ 9,486,216 \$ 13,186,216	CON Submitted Comp. Questions Submitted Public Hearing Date Notice of Agreed Settlement Modification 93-536R Modification 95-549R	5/1/89 12/15/89 1/30/90 3/9/90 1/27/94 1/29/97

**SAINT RAPHAEL HEALTHCARE SYSTEM  
 CERTIFICATE OF NEED (CON) APPLICATIONS & STIPULATION STATUS REPORT  
 UPDATED ON:**

Docket Number	Description	Stipulation(s)	Modifications / Notes
1989 89-556 CHHC	Purchase and Operation of an HDS Ulticare Patient Care Information System	(5) HSR must report actual total costs associated with the implementation of this project for a period of ten years from the authorization date. (6 & 7) HSR shall implement and report staffing reductions and avoidances as identified in Attachment I for a period of ten years. (9) Upon completion HSR shall report final project costs, staffing red., and staffing avoidances to the Commission. (10) Inform OHCA of change of scope or expenditure (as applicable). (11) HSR shall file a copy of the final prospectus issued for financing. (13) Project authorization expires of March 13, 1991.	D#93-536R Modification of D#89-556 Notice of Agreed Settlement recd on 1/27/94 Increase in capital expenditure of \$2,725,291 D#96-549R Modification of D#89-556 Notice of Agreed Settlement recd on 1/29/97 Increase in capital expenditure of \$3,700,000



'90 03/09 13:06

☎ 203 566 7793 ST OF CONN CHHC

02



STATE OF CONNECTICUT  
COMMISSION ON HOSPITALS AND HEALTH CARE

March 9, 1990

Mr. Daniel J. Rissing  
President  
Hospital of St. Raphael  
New Haven, CT 06511-4444

Re: HDS Ulticare Patient Care Information System  
Docket Number 89-556

Dear Mr. Rissing:

Please find enclosed the Agreed Settlement concerning the above-referenced request.

As the settlement is scheduled to go before the full Commission at its 2:00 p.m. regular meeting on Tuesday, March 13, 1990, we request that the signed settlement document be returned to the Commission no later than 10:00 a.m., Tuesday, March 13, 1990.

Should you have any questions regarding the Agreed Settlement, please contact Charles Nathan or me at 566-3880.

Sincerely,

*Jack A. Huber*

Jack A. Huber  
Health Program Supervisor

JAH/k  
#161/k

Phone: (203) 566-3880  
1049 Asylum Ave. Hartford, Connecticut 06105-2431  
An Equal Opportunity Employer



STATE OF CONNECTICUT  
COMMISSION ON HOSPITALS AND HEALTH CARE

IN THE MATTER OF:

The Hospital of St. Raphael  
1450 Chapel Street  
New Haven, CT 06511-4444

Docket Number: 89-556  
March 13, 1990

AGREED SETTLEMENT

WHEREAS, the Hospital of St. Raphael ("Hospital"), a health care facility or institution as defined in Section 19a-145 of the Connecticut General Statutes ("C.G.S.") did file a Certificate of Need ("CON") application with the Commission on Hospitals and Health Care ("Commission") on December 15, 1989, in Docket Number 89-566, pursuant to Section 19a-155, C.G.S.; and

WHEREAS, the CON application was for the acquisition of a patient care information system including the purchase of an in-house mainframe computer, associated software applications and non-structural renovations, at a capital expenditure of \$6,438,976, which does not include \$321,949 in capitalized financing costs and a debt reserve fund of \$643,898 for a total capital expenditure of \$7,404,823, to be funded entirely through a Connecticut Health and Educational Facilities Authority ("CHEFA") Pool Equipment Bond; and

WHEREAS, the information regarding the capitalized financing costs will be used for informational purposes only; and

WHEREAS, the Commission has reviewed the CON application pursuant to Section 19a-155, C.G.S., and has considered the principles and guidelines in Section 19a-153, C.G.S., as amended by Section 12 of Public Act 89-371, in its review; and

WHEREAS, the Hospital submitted as part of its CON application a chart which projected the proposal's implementation costs and the proposal's anticipated cost savings in the areas of staffing reductions and staffing avoidances for fiscal year 1990 to 1999 (see Attachment I); and

WHEREAS, on January 30, 1990, the Commission held a public hearing regarding the application, as a contested case pursuant to the provisions of the Uniform Administrative Procedure Act (Chapter 54) and Section 19a-155, C.G.S.; and

WHEREAS, the Connecticut General Statutes in Section 4-177(c) provides that unless precluded by law, a contested case may be resolved by agreed settlement; and

WHEREAS, both the Commission and the Hospital wish to resolve their differences regarding this CON application.

NOW, THEREFORE, the Commission and the Hospital of St. Raphael hereby stipulate and agree to the terms of settlement with respect to the Hospital's request for a Certificate of Need for a patient care information system as follows:

1. The Hospital's request for the acquisition of a patient care information system is hereby approved.

Phone: (203) 566-3880

1049 Asylum Ave. Hartford, Connecticut 06103-2431

An Equal Opportunity Employer

Hospital of St. Raphael  
Agreed Settlement  
DN: 89-556

-2-

2. The total capital expenditure for all components of the project as delineated in Attachment II, is approved at \$6,438,976, which does not include \$321,949 in capitalized financing costs and a debt reserve fund of \$643,898, for a total capital expenditure of \$7,404,823. The project will be financed through a loan using a CHEFA Pooled Equipment Bond.
3. The Hospital may request modification to its FY 1990 or subsequent years' budget authorizations for any additional non-capital costs, consistent with the projected non-capital cost identified in the COW application.
4. The Hospital may request modification to its FY 1990 or subsequent years' budget authorization for the capital cost associated with the approved capital expenditure regarding this Certificate of Need. Recognition of these capital costs in future years' budget authorizations will be consistent with the Commission's Regulations at the time such costs are requested by the Hospital.
5. The Hospital shall report the actual total costs associated with the implementation of this project from the date of this authorization for a period of ten years.
6. The Hospital shall implement and report to the Commission the staffing reductions as projected in the application in a format similar to that of Attachment I.
7. The Hospital shall implement and report to the Commission the staffing avoidances as projected in the application in a format similar to that of Attachment I.
8. The Hospital shall provide the information as required in Stipulations 5, 6, and 7 of this document to the Commission annually for a period of ten years from the date of this authorization. The report shall be in a format similar to that of Attachment I and shall list the Hospital's actual experience related to this project in the areas of total project costs, total staffing reductions and total staffing avoidances for the period beginning with this authorization date to the end of the most recently completed twelve month period. The report shall be due to the Commission one month after the most recently completed twelve month period.
9. The Hospital shall take all measures to ensure that the approved capital expenditure of \$6,438,976, which does not include capitalized financing costs, is not exceeded. In the event that the scope of the project is changed or that the Hospital learns of potential cost increases or expects final project costs will be higher than those approved, the Hospital shall immediately cease implementation of the project, and advise the Commission in writing of such change in scope or cost increase. The Hospital shall file with the Commission a request for approval of the changed scope or cost increase. The Hospital shall neither incur a financial obligation or expend funds in excess of the maximum capital expenditure as approved by the Commission herein, nor change the scope of the project without prior written approval from the Commission. Furthermore, the use of the contingency fund

Hospital of St. Raphael  
Agreed Settlement  
DN: 89-556

-3-

shall be restricted to unforeseeable expenses. Should the final capital expenditure be less than the amount approved by the Commission, the Hospital is expressly limited to the expenditure which is the lesser of \$6,438,976, which does not include capitalized financing costs, or the actual project cost. Any amount in excess of the actual project cost shall not be transferred to any project or capital expenditure without the express written approval of the Commission. ~~Upon completion of the project, the Hospital shall report the final project cost, including financing costs, and shall avoidances to the Commission. This report shall be in a format determined by the Commission.~~

10. The Hospital agrees that in the event that the actual capital expenditures exceed this authorization the Hospital will, in addition to the requirement of Stipulation 9 above, not request any debt financing increase to the sources of funding of the project. The Hospital further agrees that in the event that the actual capital expenditures exceed this authorization, the Hospital will not request that this excess expenditure be included in its calculation of future years' budget authorizations.
11. Upon receipt of final financing for the project, the Hospital shall file a copy of the final prospectus or equivalent issued in support of the financing obtained.
12. The Commission notes that it is conducting an investigation in Docket Number 87-533 to make additional determinations inter alia, as to whether or not the corporate reorganization of hospitals has created new health care facilities or institutions subject to Commission jurisdiction. Pending resolution of that investigation, the acceptance of the Hospital as the appropriate applicant in this proceeding does not constitute a determination with respect to any issue currently being investigated in Docket Number 87-533.
13. This authorization shall expire on March 13, 1991 unless the Hospital presents evidence to the Commission that acquisition and installation of the patient care information system has commenced before that date.
14. The Commission and the Hospital of St. Raphael agree that this represents a final agreement between the Commission and the Hospital of St. Raphael with respect to this request.

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☎ 203 566 7793 ST OF CONN CHHC

06

Hospital of St. Raphael  
Agreed Settlement  
DN: 89-556

-4-

15. This Agreed Settlement is an Order of the Commission with all the rights and obligations attendant thereto, and the Commission may enforce this Agreed Settlement pursuant to the provisions of Section 19a-159 of the Connecticut General Statutes, if the Hospital fails to comply with its terms.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Duly Authorized Agent of the  
Hospital of St. Raphael

The above Agreed Settlement having been presented to the Commission at its meeting held March 13, 1990 is hereby accepted and so ordered by the Commission.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Gardner Wright, Jr.  
Chairman  
Commission on Hospitals and Health Care

GW/GH/K  
#161

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09

## Attachment II

Hospital of Saint Raphael  
Patient Care Information System  
Capital Expenditure

• RENOVATIONS AND CONTINGENCY	
..... Renovation	\$86,200
..... Computer Room	\$270,000
RENOVATION AND CONTINGENCY TOTAL	<u>\$356,200</u>
• MOVABLE EQUIPMENT	
... HARDWARE (SYSTEM)	
..... 224 Expansion Ports	\$165,000
..... 864 Ports DOY/PABX	\$474,434
..... Application #1 CPU	\$330,435
..... Application #2 CPU	\$330,435
..... Application #3 CPU	\$330,435
..... Archive CPU	\$570,990
..... Mirror Archive CPU	\$473,785
..... 700 CRT's	\$868,000
..... 20 Heavy Duty Printers	\$50,000
..... 70 Light Duty Printers	\$84,000
..... 2 Band Printers	\$26,000
..... 4 Badge Encoders	\$6,000
SUBTOTAL	<u>\$3,709,514</u>
.... HARDWARE (OTHER)	
..... Office Furniture	\$63,100
..... Personal Computers	\$22,500
..... Backup Generator	\$350,000
SUBTOTAL	<u>\$435,600</u>
HARDWARE TOTAL	<u>\$4,145,114</u>
• SOFTWARE	\$1,727,662
• INSTALLATION FEE	<u>\$210,000</u>
TOTAL CAPITAL EXPENDITURE	<u>\$6,438,976</u>
• DEBT RESERVE FUND	643,898
• CAPITAL FINANCING COSTS	<u>321,949</u>
TOTAL PROJECT COST	<u>\$7,404,823</u>

cpt900/nmc  
#1 Exp.



# STATE OF CONNECTICUT

## COMMISSION ON HOSPITALS AND HEALTH CARE

IN THE MATTER OF:

Hospital of Saint Raphael  
1450 Chapel Street  
New Haven, CT 06511-4444

Docket Number: 93-536R  
January 27, 1994

### AGREED SETTLEMENT

WHEREAS, on March 13, 1990, pursuant to Section 19a-155 of the Connecticut General Statutes ("C.G.S."), the Commission on Hospitals and Health Care ("Commission") authorized a Certificate of Need ("CON") under Docket Number 89-556, to the Hospital of Saint Raphael ("Hospital"), a health care facility or institution as defined in Section 19a-145, C.G.S., for the acquisition of a patient care information system, at a capital expenditure of \$6,438,976, which does not include \$321,949 in capitalized financing costs; and

WHEREAS, Stipulations #2 and #9 of the Commission Order, issued under Docket Number 89-556, state the following:

- "2. The total capital expenditure for all components of the project as delineated in Attachment II, is approved at \$6,438,976, which does not include \$321,949 in capitalized financing costs and a debt reserve fund of \$643,898, for a total capital expenditure of \$7,404,823. The project will be financed through a loan using CHEFA either a Pooled Equipment or a direct bond issued by the Hospital or an alternative financing method at least as favorable to the Hospital, either of which methods will be furnished to the Commission prior to implementation."
- "9. The Hospital shall take all measures to ensure that the approved capital expenditure of \$6,438,976, which does not include capitalized financing costs, is not exceeded. In the event that the scope of the project is changed or that the Hospital learns of potential cost increases or expects final project costs will be higher than those approved, the Hospital shall immediately advise the Commission in writing of such change in scope or cost increase. The Hospital shall file with the Commission a request for approval of the changed scope or cost increase. The Hospital shall neither incur a financial obligation or expend funds in excess of the maximum capital expenditure as approved by the Commission herein, nor change the scope of the project without prior written approval from the Commission.

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Furthermore, the use of the contingency fund shall be restricted to unforeseeable expenses. Should the final capital expenditure be less than the amount approved by the Commission, the Hospital is expressly limited to the expenditure which is the lesser of \$6,438,976, which does not include capitalized financing costs, or the actual project cost. Any amount in excess of the actual project cost shall not be transferred to any other project or capital expenditure without the express written approval of the Commission. Upon completion of the project, ~~the Hospital shall report the final project cost, staff reductions and staff avoidances to the Commission.~~ This report shall be in a format determined by the Commission."; and

WHEREAS, the Hospital did not finance the project through Connecticut Health and Education Authority (CHEFA) and did not, therefore, need to fund \$643,898 for debt service reserve; and

WHEREAS, on December 28, 1993, the Hospital filed with the Commission, under Docket Number 93-536R, a request to modify the Commission Order issued under Docket Number 89-556, to increase the authorized capital expenditure, by \$2,725,291, from \$6,438,976, which does not include \$321,949 in capitalized financing costs, to \$9,164,267, which does not include \$321,949 in capitalized financing costs; and

WHEREAS, the source of the additional capital expenditure of \$2,725,291 will be from the Hospital's annual capital budget during the remaining project implementation period and the Hospital will not incur any additional debt related to this request; and

WHEREAS, the Hospital indicates that it will not experience an increase in revenues, operating expenses or volume related to this additional capital expenditure and it will not seek a budget adjustment for any fiscal year related to this project; and

WHEREAS, the Hospital indicates that the increased capital expenditure is for additional installation expenses and for additional computer hardware (i.e., CPU's, CRT's and printers), needed as a result of an increase in the number of users requiring access, an increase in the number of software modules, enhanced hospital programs such as Mother Care and Take Heart, the Hospital's new cancer center, volume increases and the need for improvement in information systems response time; and

WHEREAS, the specific elements of the requested additional capital expenditure are detailed within Attachment II-R; and



January 27, 1994  
Page 3

WHEREAS, on December 27, 1993, the Hospital filed a request for waiver of public hearing, pursuant to Section 19a-160-36a of the Commission's Regulations, claiming that the request for a modification of the Commission Order issued under Docket Number 89-556 is non-substantive, as defined in Section 19a-160-89(c) of the Commission's Regulations; and

WHEREAS, on December 30, 1993, the Chairman of the Commission determined that the CON application was eligible for consideration of waiver of public hearing, and a notice to the public was published in the New Haven Register, pursuant to Section 19a-160-36a of the Commission's Regulations; and

WHEREAS, on January 13, 1994, the Commission adopted a resolution, which granted the Hospital's request for waiver of public hearing; and

WHEREAS, Section 19a-153, C.G.S., sets forth principles and guidelines to be considered by the Commission in its review; and

WHEREAS, the Commission has reviewed this request for a modification to a prior Commission Order pursuant to Section 19a-155, C.G.S., and has fully considered the principles and guidelines in Section 19a-153, C.G.S., in its review; and

WHEREAS, the Commission Order issued under Docket Number 89-556 was based on the evidence presented in the application, which addressed the relationship of the application to Section 19a-153, C.G.S. and the relationship of the application to Section 19a-153, C.G.S. is not altered by this request to modify the Commission Order issued under Docket Number 89-556 to increase the authorized capital expenditure, by \$2,725,291, from \$6,438,976, which does not include \$321,949 in capitalized financing costs, to \$9,164,267, which does not include \$321,949 in capitalized financing costs; and

WHEREAS, the Hospital's request for an increase in the authorized capital expenditure will allow the Hospital to continue the full implementation of the patient care information system on a timely basis, and such implementation should improve the cost-effectiveness and accessibility of health care delivery in the region; and

WHEREAS, the Hospital's request should allow the Hospital to improve operational efficiency as a result of the requested increase in computer hardware which may, as a result, decrease operating expenses and, thus, improve the Hospital's financial condition; and

WHEREAS, both the Commission and the Hospital wish to resolve their differences regarding this request to modify the Commission Order issued under Docket Number 89-556, to increase the authorized capital expenditure, by \$2,725,291, from \$6,438,976, which does not include \$321,989 in capitalized financing costs, to \$9,164,267, which does not include \$321,949 in capitalized financing costs.

NOW, THEREFORE, the Commission and the Hospital of Saint Raphael ("Hospital") hereby stipulate and agree to the terms of settlement with respect to the Hospital's request to modify the Commission Order issued under Docket Number 89-556, to increase the authorized capital expenditure, by \$2,725,291, from \$6,438,976, which does not include \$321,949 in capitalized financing costs, to \$9,164,267, which does not include \$321,949 in capitalized financing costs, as follows:

- 1) The Hospital's request to modify the Commission Order issued under Docket Number 89-556, to increase the authorized capital expenditure, by \$2,725,291, from \$6,438,976, which does not include \$321,949 in capitalized financing costs, to \$9,164,267, which does not include \$321,949 in capitalized financing costs, is hereby approved.
- 2) Stipulations #2 and 9 of the Commission Order issued under Docket Number 89-556, are amended, as follows:
  2. The total capital expenditure for all components of the project as delineated in Attachment II-R, is approved at \$9,164,267, which does not include capitalized financing costs, plus \$321,949 in capitalized financing costs, for a total capital expenditure of \$9,486,216. The sources of funding for the approved total capital expenditure will be any equity contribution of \$2,725,291 from the Hospital's annual capital budget during the remaining project implementation period and debt financing of \$6,438,976.
  9. The Hospital shall take all measures to ensure that the approved capital expenditure of \$9,164,267, which does not include capitalized financing costs, is not exceeded. In the event that the scope of the project is changed or that the Hospital learns of potential cost increases or expects final project costs will be higher than those approved, the Hospital shall immediately advise the Commission in writing of such change in scope or cost increase. The Hospital shall file with the Commission

a request for approval of the changed scope or cost increase. The Hospital shall neither incur a financial obligation in excess of \$6,438,976 nor expend total funds in excess of the maximum capital expenditure as approved by the Commission herein, nor change the scope of the project without prior written approval from the Commission. Furthermore, the use of the contingency fund shall be restricted to unforeseeable expenses. Should the final capital expenditure be less than the amount approved by the Commission, the Hospital is expressly limited to the expenditure which is the lesser of \$9,164,267, which does not include capitalized financing costs, or the actual project cost. Any amount in excess of the actual project cost shall not be transferred to any other project or capital expenditure without the express written approval of the Commission. Within thirty (30) days of completion of the project, the Hospital shall report the final project cost, staff reductions and cost avoidances to the Commission. This report shall be in a format determined by the Commission.

- 3) The source of funding for the approved additional capital expenditure of \$2,725,291 will be an equity contribution of \$2,725,291 from the Hospital's annual capital budget during the remaining project implementation period. The Hospital shall not incur any debt related to this additional capital expenditure.
- 4) The Hospital agrees that it will not request any adjustments to its FY 1994 and subsequent years' budget authorizations related to this project. Attachment I-R herein, presents the Hospital's revenue and expense projections, with the project, without the project and incremental, and shows no impact of the project on revenues, operating expenses or volume. Further, the Hospital specifically waives any and all statutory rights to apply for any further modification to the authorization issued under Docket Number 89-556, as subsequently modified herein under Docket Number 93-536R, which will result in an adjustment to any years' budget authorizations.
- 5) The Hospital may make minor changes in its selection of individual hardware components only within the scope of the project and the total capital expenditure authorized herein.

January 27, 1994  
Page 6

- 6) The Hospital agrees that it shall not incur, on a permanent basis, capital and/or operating costs specific to the acquisition, installation and on-going operation of the additional computer hardware authorized herein, on behalf of any affiliated institution or corporate entity. In addition, any costs to access the Hospital's clinical information systems will be paid for by the entity contracting for such service.
- 7) All other stipulations contained in the Commission Order issued under Docket Number 89-556, not amended by this agreement, will remain in effect.
- 8) The Commission and the Hospital of Saint Raphael agree that this represents a final agreement between the Commission and the Hospital of Saint Raphael with respect to this request. The signing of this Agreed Settlement resolves all objections, claims and disputes which may have been raised by the Hospital, with regard to Docket Numbers 89-556 and 93-536R.
- 9) This Agreed Settlement is an Order of the Commission with all the rights and obligations attendant thereto, and the Commission may enforce this Agreed Settlement pursuant to the provisions of Section 19a-159 of the Connecticut General Statutes, if the Hospital fails to comply with its terms.

1/26/94  
Date

Matthew G. VanVance  
Duly Authorized Agent for  
the Hospital of Saint Raphael

The above Agreed Settlement, having been presented to the Commission at its meeting held on January 27, 1994, is hereby accepted and so ordered by the Commission.

\_\_\_\_\_  
Date

\_\_\_\_\_  
E. Cortright Phillips  
Vice Chairman  
Commission on Hospitals  
and Health Care

ECP/ker/pw#79

INE  
Commission on Hospitals and Health Care

AUTHORIZED\* 12 MONTHS\* 12 MONTHS\* 12 MONTHS\*

CON DOCKET NO. 93-536R  
CON PROJECT: NGS-ULTICARE PATIENT CARE INFORMATION SYSTEM  
APPLICANT: HOSPITAL OF SAINT RAPHAEL  
SPECIFY TOTAL FACILITY OR DEPARTMENT: FACILITY

REQUESTED FACILITY WITH THE PROJECT  
SUMMARY OF REVENUE, EXPENSE, AND VOLUME STATISTICS

LINE		(1)	(2)	(3)
		YEAR 1 1994 12 MONTHS*	YEAR 2 1995 12 MONTHS*	YEAR 3 1996 12 MONTHS*
1	GOVERNMENT GROSS PATIENT REVENUE	253,383,000	276,931,000	303,462,000
2	NON-GOVT GROSS PATIENT REVENUE	146,184,000	159,769,000	175,076,000
3	TOTAL GROSS PATIENT REVENUE (1+2)	399,567,000	436,700,000	478,538,000
4	GOVT DEDUCTIONS FROM GROSS REVENUE	127,186,000	145,100,000	166,300,000
5	NET BAD DEBTS	17,465,000	20,000,000	22,900,000
6	FREE CARE	4,528,000	5,174,000	5,942,000
7	TOTAL UNCOMPENSATED CARE (5+6)	21,993,000	25,174,000	28,842,000
8	NON-GOVT CONTRACTUAL ALLOWANCES	4,086,000	4,661,000	5,282,000
9 *	ALT DELIVERY SYS.(HMO) ALLOWANCES	0	0	0
10	OTHER ALLOWANCES	0	0	0
11	TOTAL NON-GOVT DEDUCTIONS FROM G.R. (7+8+9+10)	26,079,000	29,835,000	34,124,000
12	TOTAL DEDUCTIONS FROM GROSS REVENUE (4+11)	153,265,000	174,935,000	200,424,000
13	TOTAL PAYMENTS (NET REVENUE) (3-12)	246,302,000	261,765,000	278,114,000
14 *	INPATIENT GROSS REVENUE	339,632,000	371,195,000	406,757,000
15 *	OUTPATIENT GROSS REVENUE	59,935,000	65,505,000	71,781,000
16	OTHER OPERATING REVENUE	0	0	0
17	REVENUE FROM OPERATIONS	246,302,000	261,765,000	278,114,000
18	NON-PHYSICIAN SALARIES	109,730,000	118,450,000	125,762,000
19	PHYSICIAN SALARIES	11,104,000	11,986,000	12,726,000
20	FRINGE BENEFITS-NON PHYSICIAN	31,478,000	33,153,000	35,826,000
21	FRINGE BENEFITS-PHYSICIAN	3,185,000	3,355,000	3,626,000
22	OTHER: SUPPLY & DRUGS	20,366,000	22,600,000	23,931,000
23	OTHER THAN SUPPLY & DRUGS	36,564,000	39,567,000	41,905,000
24	PHYSICIAN FEES	6,712,000	7,447,000	7,886,000
25	HALPRACTICE	2,685,000	2,980,000	3,156,000
26	LEASES - ANNUAL	1,027,000	1,139,000	1,206,000
27	LEASES-MULTIYEAR	4,108,000	4,559,000	4,828,000
28	TOTAL LEASES (26+27)	5,135,000	5,698,000	6,034,000
29	DEPARTMENTAL DEPRECIATION	4,429,000	4,489,000	4,651,000
30	PLANT DEPRECIATION	9,932,000	9,999,000	10,360,000
31	TOTAL DEPRECIATION (29+30)	14,361,000	14,488,000	15,011,000
32	INTEREST	6,595,000	6,152,000	6,675,000
33	EXPENSE RECOVERY(ENTER AS NEGATIVE)	(4,323,000)	(4,538,000)	(4,788,000)
34	TOTAL NET OPERATING EXPENSES (SUM(18..25,28,31..33))	243,592,000	261,338,000	277,750,000
35	GAIN/(LOSS) FROM OPERATIONS (17-34)	2,710,000	427,000	364,000
36	NON-OPERATING REVENUE	1,467,000	1,555,000	1,648,000
37	REVENUE OVER/(UNDER) EXPENSES (35+36)	4,177,000	1,982,000	2,012,000
38	FULL TIME EQUIVALENTS	2,792	2,898	2,959
39	DISCHARGES	22,200	22,200	22,200
40	PATIENT DAYS	182,000	182,000	182,000
41 *	CASE MIX INDEX	1.41	1.41	1.41
42 **	OTHER STATISTIC-	0	0	0

\* ALLOCATION OF PROJECTED AMOUNTS BASED ON  
FY 93 AUTHORIZED. SUBJECT TO CHANGE

THE  
Commission on Hospitals and Health Care

AUTHORIZED\* 12 MONTHS\* 12 MONTHS\* 12 MONTHS\*

CON DOCKET NO. 93-536R  
CON PROJECT: HOS-ULTICARE PATIENT CARE INFORMATION SYSTEM  
APPLICANT: HOSPITAL OF SAINT RAPHAEL  
SPECIFY TOTAL FACILITY OR DEPARTMENT: FACILITY

REQUESTED FACILITY WITHOUT THE PROJECT  
SUMMARY OF REVENUE, EXPENSE, AND VOLUME STATISTICS  
(1) (2) (3)

LINE		1994 12 MONTHS*	1995 12 MONTHS*	1996 12 MONTHS*
1	GOVERNMENT GROSS PATIENT REVENUE	253,383,000	276,931,000	303,462,000
2	NON-GOVT GROSS PATIENT REVENUE	146,184,000	159,769,000	175,076,000
3	TOTAL GROSS PATIENT REVENUE (1+2)	399,567,000	436,700,000	478,538,000
4	GOVT DEDUCTIONS FROM GROSS REVENUE	127,186,000	145,100,000	166,300,000
5	NET BAD DENTS	17,465,000	20,000,800	22,900,000
6	FREE CARE	4,528,000	5,174,000	5,942,000
7	TOTAL UNCOMPENSATED CARE (5+6)	21,993,000	25,174,000	28,842,000
8	NON-GOVT CONTRACTUAL ALLOWANCES	4,086,000	4,661,000	5,282,000
9 *	ALT DELIVERY SYS.(HMO) ALLOWANCES	0	0	0
10	OTHER ALLOWANCES	0	0	0
11	TOTAL NON-GOVT DEDUCTIONS FROM G.R. (7+8+9+10)	26,079,000	29,835,000	34,126,000
12	TOTAL DEDUCTIONS FROM GROSS REVENUE (4+11)	153,265,000	174,935,000	200,426,000
13	TOTAL PAYMENTS (NET REVENUE) (3-12)	246,302,000	261,765,000	278,114,000
14 *	INPATIENT GROSS REVENUE	339,632,000	371,195,000	406,757,000
15 *	OUTPATIENT GROSS REVENUE	59,935,000	65,505,000	71,781,000
16	OTHER OPERATING REVENUE	0	0	0
17	REVENUE FROM OPERATIONS	246,302,000	261,765,000	278,114,000
18	NON-PHYSICIAN SALARIES	109,730,000	118,450,000	125,762,000
19	PHYSICIAN SALARIES	11,104,000	11,986,000	12,726,000
20	FRINGE BENEFITS-NON PHYSICIAN	31,478,000	33,153,000	35,826,000
21	FRINGE BENEFITS-PHYSICIAN	3,185,000	3,355,000	3,626,000
22	OTHER: SUPPLY & DRUGS	20,366,000	22,600,000	23,931,000
23	OTHER THAN SUPPLY & DRUGS	36,564,000	39,567,000	41,905,000
24	PHYSICIAN FEES	6,712,000	7,447,000	7,886,000
25	HALPRACTICE	2,685,000	2,980,000	3,156,000
26	LEASES - ANNUAL	1,027,000	1,139,000	1,206,000
27	LEASES-MULTIYEAR	4,108,000	4,559,000	4,828,000
28	TOTAL LEASES (26+27)	5,135,000	5,698,000	6,034,000
29	DEPARTMENTAL DEPRECIATION	4,429,000	4,489,000	4,651,000
30	PLANT DEPRECIATION	9,932,000	9,999,000	10,360,000
31	TOTAL DEPRECIATION (29+30)	14,361,000	14,488,000	15,011,000
32	INTEREST	6,595,000	6,152,000	6,675,000
33	EXPENSE RECOVERY(ENTER AS NEGATIVE)	(4,323,000)	(4,538,000)	(4,788,000)
34	TOTAL NET OPERATING EXPENSES (SUM(18..25,28,31..33))	243,592,000	261,338,000	277,750,000
35	GAIN/(LOSS) FROM OPERATIONS (17-34)	2,710,000	427,000	364,000
36	NON-OPERATING REVENUE	1,467,000	1,555,000	1,648,000
37	REVENUE OVER/(UNDER) EXPENSES (35+36)	4,177,000	1,982,000	2,012,000
38	FULL TIME EQUIVALENTS	2,792	2,898	2,959
39	DISCHARGES	22,200	22,200	22,200
40	PATIENT DAYS	182,000	182,000	182,000
41 *	CASE MIX INDEX	1.41	1.41	1.41
42 **	OTHER STATISTIC-	N/A	N/A	N/A

ALLOCATION OF PROJECTED AMOUNTS BASED ON  
FY 93 AUTHORIZED. SUBJECT TO CHANGE

Mission on Hospitals and Health Care

AUTHORIZED\*

12 MONTHS\*

12 MONTHS\*

12 MONTHS\*

CON DOCKET NO. 93-536R

CON PROJECT: HDS-ULTICARE PATIENT CARE INFORMATION SYSTEM

APPLICANT: HOSPITAL OF SAINT RAPHAEL

SPECIFY TOTAL FACILITY OR DEPARTMENT: FACILITY

REQUESTED FACILITY INCREMENTAL  
SUMMARY OF REVENUE, EXPENSE, AND VOLUME STATISTICS

LINE

(1) YEAR 1 1994 12 MONTHS*	(2) YEAR 2 1995 12 MONTHS*	(3) YEAR 3 1996 12 MONTHS*
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1	GOVT GROSS PATIENT REVENUE	0	0	0
2	NON-GOVT GROSS PATIENT REVENUE	0	0	0
3	TOTAL GROSS PATIENT REVENUE (1+2)	0	0	0
4	GOVT DEDUCTIONS FROM GROSS REVENUE	0	0	0
5	NET BAD DEBTS	0	0	0
6	FREE CARE	0	0	0
7	TOTAL UNCOMPENSATED CARE (5+6)	0	0	0
8	NON-GOVT CONTRACTUAL ALLOWANCES	0	0	0
9 *	ALT DELIVERY SYS.(HMO) ALLOWANCES	0	0	0
10	OTHER ALLOWANCES	0	0	0
11	TOTAL NON-GOVT DEDUCTIONS FROM G.R. (7+8+9+10)	0	0	0
12	TOTAL DEDUCTIONS FROM GROSS REVENUE (4+11)	0	0	0
13	TOTAL PAYMENTS (NET REVENUE) (3-12)	0	0	0
14 *	INPATIENT GROSS REVENUE	0	0	0
15 *	OUTPATIENT GROSS REVENUE	0	0	0
16	OTHER OPERATING REVENUE	0	0	0
17	REVENUE FROM OPERATIONS	0	0	0
18	NON-PHYSICIAN SALARIES	0	0	0
19	PHYSICIAN SALARIES	0	0	0
20	FRINGE BENEFITS-NON PHYSICIAN	0	0	0
21	FRINGE BENEFITS-PHYSICIAN	0	0	0
22	OTHER: SUPPLY & DRUGS	0	0	0
23	OTHER THAN SUPPLY & DRUGS	0	0	0
24	PHYSICIAN FEES	0	0	0
25	MAILPRACTICE	0	0	0
26	LEASES - ANNUAL	0	0	0
27	LEASES-MULTIYEAR	0	0	0
28	TOTAL LEASES (26+27)	0	0	0
29	DEPARTMENTAL DEPRECIATION	0	0	0
30	PLANT DEPRECIATION	0	0	0
31	TOTAL DEPRECIATION (29+30)	0	0	0
32	INTEREST	0	0	0
33	EXPENSE RECOVERY(ENTER AS NEGATIVE)	0	0	0
34	TOTAL NET OPERATING EXPENSES (SUM(18..25,28,31..33))	0	0	0
35	GAIN/(LOSS) FROM OPERATIONS (17-34)	0	0	0
36	NON-OPERATING REVENUE	0	0	0
37	REVENUE OVER/(UNDER) EXPENSES (35+36)	0	0	0
38	FULL TIME EQUIVALENTS	0	0	0
39	DISCHARGES	0	0	0
40	PATIENT DAYS	0	0	0
41 *	CASE MIX INDEX	0	0	0
42 **	OTHER STATISTIC-	0	0	0

N/A

N/A

N/A

\* ALLOCATION OF PROJECTED AMOUNTS BASED ON  
FY 93 AUTHORIZED. SUBJECT TO CHANGE



# STATE OF CONNECTICUT

FEB 3 1997

## OFFICE OF HEALTH CARE ACCESS

January 29, 1997

IN THE MATTER OF:

A Modification Request Pursuant to Section  
19a-155, C.G.S.

Notice of Agreed Settlement  
Office of Health Care Access  
Docket Number 96-549R

Hospital of Saint Raphael

Modification of a Previous Order  
Authorizing a Hospital Patient Care  
Information System

TO: Alfred E. Fasulo  
Vice President-Planning and Marketing  
Hospital of Saint Raphael  
1450 Chapel Street  
New Haven, Connecticut 06511

Dear Mr. Fasulo:

This will serve as notice of the Agreed Settlement between the Hospital of Saint Raphael and the Office of Health Care Access in the above matter, as provided by Section 19a-155, C.G.S. On January 29, 1997, the Agreed Settlement was accepted as the finding and order of the Office of Health Care Access. A copy of the agreement is attached hereto for your information.

By Order of the  
Office of Health Care Access

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William H. Diamond  
Acting Commissioner

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# STATE OF CONNECTICUT

## OFFICE OF HEALTH CARE ACCESS

### IN THE MATTER OF:

Hospital of Saint Raphael  
1450 Chapel Street  
New Haven, Connecticut 06511

Docket Number: 96-549R  
January 29, 1997

### AGREED SETTLEMENT

WHEREAS, pursuant to Public Act 95-257 and effective July 1, 1995, the Office of Health Care Access ("OHCA") constitutes a successor agency to the Commission on Hospitals and Health Care ("Commission"), and the Commission's Regulations unless amended, repealed or superseded pursuant to law will remain in effect; and

WHEREAS, the Hospital of Saint Raphael ("Hospital") is a health care facility or institution as defined in Section 19a-145 of the Connecticut General Statutes ("C.G.S."), as amended; and

WHEREAS, on March 13, 1990, pursuant to Section 19a-155, C.G.S., the Commission granted a Certificate of Need ("CON") under Docket Number 89-556 to the Hospital for the purchase and operation of an HDS Ulticare patient care information system at a capital expenditure of \$6,438,976., which does not include capitalized financing costs, plus capitalized financing costs of \$321,949 and a debt reserve fund of \$643,898, for a total capital expenditure of \$7,404,823; and

WHEREAS, on January 27, 1994, under Docket Number 93-536R, the Commission granted a modification of its order under Docket Number 89-556 to increase the capital expenditure by \$2,725,291 from \$6,438,976 to \$9,164,267, which does not include any capitalized financing costs, plus \$321,949 in capitalized financing costs, for a total capital expenditure of \$9,486,216 and, secondly, to adjust the capital expenditure for a previously required debt service reserve for financing through bonded indebtedness, which was not utilized; and

WHEREAS, under Docket Number 93-536R, the Commission authorized the increase in the capital expenditure on the basis of additional hardware needed and additional installation costs incurred as a result of the project; and

WHEREAS, on September 11, 1996, under Docket Number 96-549R, the Hospital filed a request to modify the Commission order granted under Docket Number 89-556, as subsequently modified under Docket Number 93-536R, by increasing the capital expenditure by \$3,700,000 from \$9,164,267 to \$12,864,267, which does not include any capitalized financing costs, plus capitalized financing costs of \$321,949, for a total capital

expenditure of \$13,186,216 to upgrade certain hardware within the Hospital's patient care information system due to the following changes and conditions:

- a. The operating equipment has been in service for more than ten years.
- b. The operating equipment is no longer capable of working efficiently with current software being utilized in the Hospital's information system.
- c. The Hospital has indicated that problems with the system's hardware create significant issues of reliability, supportability and capacity, as well as a lack of serviceability from the manufacturer for equipment which is no longer produced.
- d. The Hospital is experiencing exceedingly greater hardware failure and system down time, which in turn has created service problems at a number of different levels of the Hospital's operations in providing back-up; and

WHEREAS, Stipulation #2 through #4 of the Commission Order issued under Docket Number 93-536R states as follows:

- "2) Stipulations #2 and 9 of the Commission Order issued under Docket Number 89-556, as subsequently modified under Docket Number 93-536R are amended, as follows:
  2. The total capital expenditure for all components of the project as delineated in Attachment II-R, is approved at \$9,164,267, which does not include capitalized financing costs, plus \$321,949 in capitalized financing costs, for a total capital expenditure of \$9,486,216. The sources of funding for the approved total capital expenditure will be an equity contribution of \$2,725,291 from the Hospital's annual capital budget during the remaining project implementation period and debt financing of \$6,438,976.
  9. The Hospital shall take all measures to ensure that the approved capital expenditure of \$9,164,267, which does not include capitalized financing costs, is not exceeded. In the event that the scope of the project is changed or that the Hospital learns of potential cost increases or expects final project costs will be higher than those approved, the Hospital shall immediately advise the Commission in writing of such change in scope or

cost increase. The Hospital shall file with the Commission a request for approval of the changed scope or cost increase. The Hospital shall neither incur a financial obligation in excess of \$6,438,976 nor expend total funds in excess of the maximum capital expenditure as approved by the Commission herein, nor change the scope of the project without prior written approval from the Commission. Furthermore, the use of the contingency fund shall be restricted to unforeseeable expenses. Should the final capital expenditure be less than the amount approved by the Commission, the Hospital is expressly limited to the expenditure which is the lesser of \$9,164,267, which does not include capitalized financing costs, or the actual project cost. Any amount in excess of the actual project cost shall not be transferred to any other project or capital expenditure without the express written approval of the Commission. Within thirty (30) days of completion of the project, the Hospital shall report the final project cost, staff reductions and cost avoidances to the Commission. This report shall be in the format determined by the Commission.

- "3) The source of funding for the approved additional capital expenditure of \$2,725,291 will be an equity contribution of \$2,725,291 from the Hospital's annual capital budget during the remaining project implementation period. The Hospital shall not incur any debt related to this additional capital expenditure.
- "4) The Hospital agrees that it will not request any adjustments to its FY 1994 and subsequent years' budget authorizations related to this project. Attachment I-R herein, presents the Hospital's revenue and expense projections, with the project, without the project and incremental, and shows no impact of the project on revenues, operating expenses or volume. Further, the Hospital specifically waives any and all statutory rights to apply for any further modification to the authorization issued under Docket Number 89-556, as subsequently modified herein under Docket Number 93-536R, which will result in an adjustment to any years' budget authorizations."; and

WHEREAS, the Hospital filed a request for waiver of public hearing pursuant to Section 19a-160-36a of OHCA's Regulations, claiming that the request for modification is non-substantive, as defined in Section 19a-160-89(c) of OHCA's Regulations; and

WHEREAS, on October 29, 1996, the Acting Commissioner determined that the request for modification was eligible for consideration of waiver of public hearing, and a notice to the public was published in The New Haven Register, pursuant to Section 19a-160-36a of OHCA's Regulations; and

WHEREAS, on November 15, 1996, OHCA granted the Hospital's request for waiver of public hearing regarding the request for modification; and

WHEREAS, OHCA has reviewed this modification request as originally authorized under Docket Number 89-556, as subsequently modified under Docket Number 93-536R, pursuant to Section 4-181(a), C.G.S. and has fully considered the principles and guidelines set forth in Section 19a-153, C.G.S. in its review; and

WHEREAS, the Commission Order issued under Docket Number 89-556, as subsequently modified under Docket Number 93-536R, was based on evidence presented in the CON request which addressed the relationship of the request to Section 19a-153, C.G.S.; and

WHEREAS, the relationship of the CON request under Docket Number 89-556, as subsequently modified under Docket Number 93-536R, to Section 19a-153, C.G.S. is not altered by this action to modify a previous Commission Order; and

WHEREAS, both OHCA and the Hospital wish to resolve their differences with respect to this request for a modification of a previous Commission Order.

NOW, THEREFORE, the Office of Health Care Access ("OHCA") and the Hospital of Saint Raphael ("Hospital") hereby stipulate and agree to the terms of settlement with respect to the Hospital's request to modify the Commission's Order under Docket Number 89-556, as subsequently modified under Docket Number 93-536R, to increase the capital expenditure by \$3,700,000 from \$9,164,267 to \$12,864,267, which does not include any capitalized financing costs, plus capitalized financing costs of \$321,949, for a total capital expenditure of \$13,186,216 to upgrade certain hardware within the Hospital's patient care information system as follows:

1. The Hospital's request to modify the Commission's Order under Docket Number 89-556, as subsequently modified under Docket Number 93-536R, by increasing the capital expenditure by \$3,700,000 from \$9,164,267 to \$12,864,267, as delineated in Attachment I, which does not include any capitalized financing costs, plus capitalized financing costs of \$321,949, for a total capital expenditure of \$13,186,216 to upgrade certain hardware within the Hospital's patient care information system is hereby approved.
2. Stipulations 2) and 4) of the Commission Order under Docket Number 93-536R are hereby vacated.
3. The total capital expenditure for all components of the project is approved at \$12,864,267, which does not include capitalized financing costs, plus \$321,949 in capitalized financing costs, for a total capital expenditure of \$13,186,216.
4. The Hospital shall take all measures to ensure that the approved capital expenditure of \$12,864,267, which does not include capitalized financing costs, is not exceeded. In

the event that the scope of the project is changed or that the Hospital learns of potential cost increases or expects final project costs will be higher than those approved, the Hospital shall immediately advise OHCA in writing of such change in scope or cost increase. The Hospital shall file with OHCA a request for approval of the changed scope or cost increase. The Hospital shall neither incur a financial obligation in excess of \$12,864,267 nor expend funds in excess of the maximum capital expenditure as approved by OHCA herein, nor change the scope of the project without prior written approval from OHCA. Furthermore, the use of the contingency fund shall be restricted to unforeseeable expenses. Should the final capital expenditure be less than the amount approved by OHCA, the Hospital is expressly limited to the expenditure which is the lesser of \$12,864,267, which does not include capitalized financing costs, or the actual project cost. Any amount in excess of the actual project cost shall not be transferred to any other project or capital expenditure without the express written approval of OHCA. Within thirty (30) days of completion of implementation of this modification, the Hospital shall report the final project cost to OHCA. This report shall be in the format determined by OHCA.

5. The sources of funding for the approved \$3,700,000 modification to increase the total capital expenditure will be from the Hospital's operating budget during the remaining project implementation period and the originally approved funding sources for the total capital expenditure, as subsequently modified under Docket Number 93-536R, shall remain unchanged. The Hospital shall not incur any debt related to this additional capital expenditure.
6. The Hospital agrees that it will not request any adjustments to its FY 1998 and subsequent years' budget or net revenue limit authorizations for any incremental expenses, revenues, operating gain and volumes associated with this CON modification request as set forth in Attachment II. Further, the Hospital specifically waives any and all statutory rights to apply for any further modification to the authorization issued under Docket Number 89-556, as subsequently modified under Docket Number 93-536R, which will result in an adjustment to any years' net revenue limit authorizations.
7. All other stipulations contained in the Commission Order issued under Docket Number 89-556, as subsequently modified under Docket Number 93-536R, not specifically amended by this agreement, will remain in effect.
8. OHCA and the Hospital agree that this represents a final agreement between OHCA and the Hospital with respect to this request. The signing of this Agreed Settlement resolves all objections, claims and disputes which may have been raised by the Hospital, with regard to Docket Numbers 89-556, 93-536R and 96-549R.

January 29, 1996

9. This Agreed Settlement is an Order of the Office of Health Care Access with all the rights and obligations attendant thereto, and OHCA may enforce this Agreed Settlement pursuant to the provisions of Sections 19a-159 and 19a-167j of the

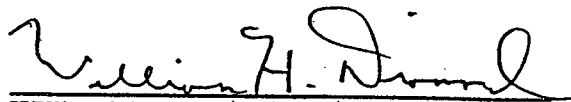
Connecticut General Statutes, at the Hospital's expense, if the Hospital fails to comply with its terms.

1/23/97  
Date

  
Duly Authorized Agent for  
The Hospital of Saint Raphael

The above Agreed Settlement is hereby accepted and so ordered by the Office of Health Care Access on January 29 1997.

1/29/97  
Date

  
William H. Diamond  
Acting Commissioner  
Office of Health Care Access

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Saint Raphael Healthcare System

## Cost

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- \$2.2 Million for workstations and network
- \$1.3 million for processors, disk, software
- \$.2 million for purchased services (training, conversion, installation, testing)

CON DOCKET NO: 9A-549R					REQUESTED FACILITY WITH THE PROJECT			
CON PROJECT: HDS - UtiCare Patient Care Information System					SUMMARY OF REVENUE, EXPENSE, AND VOLUME STATISTICS			
APPLICANT: HOSPITAL OF SAINT RAPHAEL								
SPECIFY TOTAL FACILITY OR DEPARTMENT: FACILITY					CURRENT YEAR	YEAR 2	YEAR 3	YEAR 4
LINE					1997	1998	1999	2000
						12 MONTHS*	12 MONTHS*	12 MONTHS*
1a	FEDERAL GROSS PATIENT REVENUE				229,835,058	223,329,678	221,927,844	221,601,847
1b	STATE GROSS PATIENT REVENUE				35,830,382	34,816,219	34,597,647	34,546,857
2	NON-GOVT GROSS PATIENT REVENUE				117,137,788	113,822,253	113,107,693	112,941,648
3	TOTAL GROSS PATIENT REVENUE (1+2)				382,803,228	371,968,148	369,632,884	369,090,352
4	GOVT DEDUCTIONS FROM GROSS REVENUE				115,595,177	112,323,308	111,618,158	111,454,297
5	NET BAD DEBTS				10,632,619	10,331,687	10,268,807	10,251,735
6	FREE CARE				5,654,035	5,494,000	5,459,509	5,451,494
7	TOTAL UNCOMPENSATED CARE (5+6)				16,286,654	15,825,687	15,728,316	15,703,229
8	NON-GOVT CONTRACTUAL ALLOWANCES				28,781,648	27,866,896	27,791,423	27,750,624
9*	ALT DELIVERY SYS. (IMO) ALLOWANCES							
10	OTHER ALLOWANCES				2,480,251	2,410,048	2,394,918	2,391,402
11	TOTAL NON-GOVT DEDUCTIONS FROM G.P. (7+8+9+10)				47,548,563	46,202,711	45,912,667	45,848,256
12	TOTAL DEDUCTIONS FROM GROSS REVENUE (4+11)				163,143,730	158,526,017	167,630,813	167,299,562
13	TOTAL PAYMENTS (NET REVENUE) (3-12)				219,659,498	213,442,131	212,102,171	211,790,800
14*	INPATIENT GROSS REVENUE							
15*	OUTPATIENT GROSS REVENUE							
16	OTHER OPERATING REVENUE				8,212,702	7,970,868	7,920,828	7,909,200
17	REVENUE FROM OPERATIONS				227,872,201	221,413,000	220,023,000	219,700,000
18	NON-PHYSICIAN SALARIES				94,578,238	91,114,110	90,518,085	90,483,600
19	PHYSICIAN SALARIES				14,612,048	14,078,849	13,984,765	13,979,437
20	FRINGE BENEFITS-NON PHYSICIAN				22,804,704	21,969,434	21,825,721	21,817,406
21	FRINGE BENEFITS-PHYSICIAN				3,523,257	3,394,210	3,372,007	3,370,722
22	OTHER: SUPPLY & DRUGS				32,539,631	31,347,799	31,142,736	31,130,872
23	OTHER THAN SUPPLY & DRUGS				23,052,025	22,207,696	22,062,424	22,054,019
24	PHYSICIAN FEES				4,195,097	4,041,443	4,015,008	4,013,476
25	MALPRACTICE				4,148,604	3,996,653	3,970,508	3,968,996
26	LEASES - ANNUAL				2,000,000	1,926,746	1,914,142	1,913,413
27	LEASES-M (LT)YEAR				1,500,000	1,445,059	1,435,608	1,435,060
28	TOTAL LEASES (26+27)				3,500,000	3,371,806	3,349,748	3,348,472
29	DEPARTMENTAL DEPRECIATION				8,679,180	8,883,180	9,060,660	9,050,460
30	PLANT DEPRECIATION				8,338,820	8,534,820	8,705,340	8,695,540
31	TOTAL DEPRECIATION (29+30)				17,018,000	17,418,000	17,766,000	17,746,000
32	INTEREST				5,845,890	5,329,000	5,030,000	4,769,000
33	EXPENSE RECOVERY(ENTER AS NEGATIVE)							
34	TOTAL NET OPERATING EXPENSES (SUM(18,25,28,31,33))				1.33 228,817,490	218,267,000	217,037,000	216,682,000
35	GAIN/(LOSS) FROM OPERATIONS (17-34)				2,064,711	3,146,000	2,986,000	3,018,000
36	NON-OPERATING REVENUE				1,428,000	1,214,000	1,043,000	780,000
37	REVENUE OVER/(UNDER) EXPENSES (35+36)				3,482,711	4,360,000	4,029,000	3,798,000
38	FULL TIME EQUIVALENTS				2,303	2,207	2,149	2,107
39	DISCHARGES				20,851	20,817	20,302	20,213
40	PATIENT DAYS				122,614	113,370	107,761	103,568
41*	CASE MIX INDEX				1.45	1.45	1.45	1.45
42**	OTHER STATISTIC							
43	RATE IMPACT							



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CON DOCKET NO: 96-5492				REQUESTED FACILITY WITHOUT THE PROJECT			
CON PROJECT: HDS - Ulticare Patient Care Information System				SUMMARY OF REVENUE, EXPENSE, AND VOLUME STATISTICS			
APPLICANT: HOSPITAL OF SAINT RAPHAEL				(4)	(5)	(6)	(7)
SPECIFY TOTAL FACILITY OR DEPARTMENT: FACILITY				CURRENT YEAR	YEAR 2	YEAR 3	YEAR 4
LINE				1997	1998	1999	2000
					12 MONTHS*	12 MONTHS*	12 MONTHS*
1a	FEDERAL GROSS PATIENT REVENUE			229,835,058	223,329,676	221,927,644	221,601,847
1b	STATE GROSS PATIENT REVENUE			35,830,382	34,816,219	34,597,647	34,546,857
2	NON-GOVT GROSS PATIENT REVENUE			117,137,788	113,822,253	113,107,693	112,941,648
3	TOTAL GROSS PATIENT REVENUE (1+2)			382,803,228	371,968,148	369,632,984	369,090,362
4	GOVT DEDUCTIONS FROM GROSS REVENUE			115,595,177	112,323,306	111,618,156	111,454,297
5	NET BAD DEBTS			10,632,619	10,331,667	10,266,807	10,251,735
6	FREE CARE			5,654,035	5,484,000	5,459,509	5,451,494
7	TOTAL UNCOMPENSATED CARE (6+5)			16,286,654	15,826,667	15,726,316	15,703,229
8	NON-GOVT CONTRACTUAL ALLOWANCES			28,781,648	27,966,996	27,791,423	27,750,624
9*	ALT DELIVERY SYS.(HMO) ALLOWANCES			0	0	0	0
10	OTHER ALLOWANCES			2,480,251	2,410,048	2,394,918	2,391,402
11	TOTAL NON-GOVT DEDUCTIONS FROM G.R. (7+8+9+10)			47,548,563	46,202,711	46,912,667	46,846,256
12	TOTAL DEDUCTIONS FROM GROSS REVENUE (4+11)			163,143,730	168,626,017	167,530,813	167,299,552
13	TOTAL PAYMENTS (NET REVENUE) (3-12)			219,659,498	213,442,131	212,102,171	211,790,800
14*	INPATIENT GROSS REVENUE			0	0	0	0
15*	OUTPATIENT GROSS REVENUE			0	0	0	0
16	OTHER OPERATING REVENUE			8,212,702	7,970,868	7,920,828	7,909,200
17	REVENUE FROM OPERATIONS			227,872,201	221,413,000	220,023,000	219,700,000
18	NON-PHYSICIAN SALARIES			94,578,236	91,114,110	90,518,085	90,483,600
19	PHYSICIAN SALARIES			14,612,046	14,076,849	13,884,765	13,979,437
20	FRINGE BENEFITS-NON PHYSICIAN			22,804,704	21,969,434	21,825,721	21,817,406
21	FRINGE BENEFITS-PHYSICIAN			3,523,257	3,394,210	3,372,007	3,370,722
22	OTHER: SUPPLY & DRUGS			32,539,631	31,347,799	31,142,736	31,130,872
23	OTHER THAN SUPPLY & DRUGS			23,052,025	22,207,896	22,062,424	22,054,019
24	PHYSICIAN FEES			4,195,097	4,041,443	4,015,006	4,013,476
25	MALPRACTICE			4,148,604	3,998,653	3,970,508	3,968,996
26	LEASES - ANNUAL			2,000,000	1,926,746	1,914,142	1,913,413
27	LEASES-M LTIYEAR			1,500,000	1,445,059	1,435,606	1,435,060
28	TOTAL LEASES (26+27)			3,500,000	3,371,805	3,349,748	3,348,472
29	DEPARTMENTAL DEPRECIATION			8,216,680	7,958,180	8,135,660	8,125,460
30	PLANT DEPRECIATION			8,338,820	8,534,820	8,705,340	8,695,540
31	TOTAL DEPRECIATION (29+30)			16,555,500	16,493,000	16,841,000	16,821,000
32	INTEREST			5,845,890	5,329,000	5,030,000	4,769,000
33	EXPENSE RECOVERY(ENTER AS NEGATIVE)			0			
34	TOTAL NET OPERATING EXPENSES (SUM(18..28,31..33))	1..3		226,364,990	217,342,000	216,112,000	216,767,000
35	GAIN(LOSS) FROM OPERATIONS (17-34)			2,517,211	4,071,000	3,911,000	3,943,000
36	NON-OPERATING REVENUE			1,428,000	1,214,000	1,043,000	780,000
37	REVENUE OVER/(UNDER) EXPENSES (35+36)			3,945,211	5,285,000	4,954,000	4,723,000
38	FULL TIME EQUIVALENTS			2,303	2,207	2,149	2,107
39	DISCHARGES			20,851	20,617	20,302	20,213
40	PATIENT DAYS			122,614	113,370	107,761	103,586
41*	CASE MIX INDEX			1.45	1.45	1.45	1.45
42**	OTHER STATISTIC-			0	0	0	0
43	RATE IMPACT			0	0	0	0

CON DOCKET NO:				REQUESTED FACILITY INCREMENTAL			
CON PROJECT: HDS - Ulticare Patient Care Information System				SUMMARY OF REVENUE, EXPENSE, AND VOLUME STATISTICS			
APPLICANT: HOSPITAL OF SAINT RAPHAEL				(4)	(5)	(6)	(7)
SPECIFY TOTAL FACILITY OR DEPARTMENT: FACILITY				CURRENT YEAR	YEAR 2	YEAR 3	YEAR 4
LINE				1997	1998	1999	2000
					12 MONTHS*	12 MONTHS*	12 MONTHS*
1a	FEDERAL GROSS PATIENT REVENUE			0	0	0	0
1b	STATE GROSS PATIENT REVENUE			0	0	0	0
2	NON-GOVT GROSS PATIENT REVENUE			0	0	0	0
3	TOTAL GROSS PATIENT REVENUE (1+2)			0	0	0	0
4	GOVT DEDUCTIONS FROM GROSS REVENUE			0	0	0	0
5	NET BAD DEBTS			0	0	0	0
6	FREE CARE			0	0	0	0
7	TOTAL UNCOMPENSATED CARE (5+6)			0	0	0	0
8	NON-GOVT CONTRACTUAL ALLOWANCES			0	0	0	0
9*	ALT DELIVERY SYS.(HMO) ALLOWANCES			0	0	0	0
10	OTHER ALLOWANCES			0	0	0	0
11	TOTAL NON-GOVT DEDUCTIONS FROM G.R. (7+8+9+10)			0	0	0	0
12	TOTAL DEDUCTIONS FROM GROSS REVENUE (4+11)			0	0	0	0
13	TOTAL PAYMENTS (NET REVENUE) (3-12)			0	0	0	0
14*	INPATIENT GROSS REVENUE			0	0	0	0
15*	OUTPATIENT GROSS REVENUE			0	0	0	0
16	OTHER OPERATING REVENUE			0	0	0	0
17	REVENUE FROM OPERATIONS			0	0	0	0
18	NON-PHYSICIAN SALARIES			0	0	0	0
19	PHYSICIAN SALARIES			0	0	0	0
20	FRINGE BENEFITS-NON PHYSICIAN			0	0	0	0
21	FRINGE BENEFITS-PHYSICIAN			0	0	0	0
22	OTHER: SUPPLY & DRUGS			0	0	0	0
23	OTHER THAN SUPPLY & DRUGS			0	0	0	0
24	PHYSICIAN FEES			0	0	0	0
25	MALPRACTICE			0	0	0	0
26	LEASES - ANNUAL			0	0	0	0
27	LEASES-M/LTYEAR			0	0	0	0
28	TOTAL LEASES (26+27)			0	0	0	0
29	DEPARTMENTAL DEPRECIATION			0	0	0	0
30	PLANT DEPRECIATION			462,500	925,000	925,000	925,000
31	TOTAL DEPRECIATION (29+30)			462,500	925,000	925,000	925,000
32	INTEREST			0	0	0	0
33	EXPENSE RECOVERY(ENTER AS NEGATIVE)			0	0	0	0
34	TOTAL NET OPERATING EXPENSES (SUM(18..28,31..33))	1..3		462,500	925,000	925,000	925,000
36	GAIN/(LOSS) FROM OPERATIONS (17-34)			(462,500)	(925,000)	(925,000)	(925,000)
38	NON-OPERATING REVENUE			0	0	0	0
37	REVENUE OVER/(UNDER) EXPENSES (36+38)			(462,500)	(925,000)	(925,000)	(925,000)
38	FULL TIME EQUIVALENTS			0	0	0	0
39	DISCHARGES			0	0	0	0
40	PATIENT DAYS			0	0	0	0
41*	CASE MIX INDEX			0	0	0	0
42**	OTHER STATISTIC			0	0	0	0
43	RATE IMPACT			0	0	0	0

CON DOCKET NO: 96-5472				REQUESTED DEPARTMENT WITHOUT THE PROJECT			
CON PROJECT: HDS- Ulticare Patient Care Information System				SUMMARY OF REVENUE, EXPENSE, AND VOLUME STATISTICS			
APPLICANT: HOSPITAL OF SAINT RAPHAEL				(4)	(5)	(6)	(7)
SPECIFY TOTAL FACILITY OR DEPARTMENT: DEPARTMENT- IS				CURRENT YEAR	YEAR 2	YEAR 3	YEAR 4
LINE				1997	1998	1999	2000
1a	FEDERAL GROSS PATIENT REVENUE				12 MONTHS*	12 MONTHS*	12 MONTHS*
1b	STATE GROSS PATIENT REVENUE			0	0	0	0
2	NON-GOVT GROSS PATIENT REVENUE			0	0	0	0
3	TOTAL GROSS PATIENT REVENUE (1+2)			0	0	0	0
4	GOVT DEDUCTIONS FROM GROSS REVENUE			0	0	0	0
5	NET BAD DEBTS			0	0	0	0
6	FREE CARE			0	0	0	0
7	TOTAL UNCOMPENSATED CARE (5+6)			0	0	0	0
8	NON-GOVT CONTRACTUAL ALLOWANCES			0	0	0	0
9*	ALT DELIVERY SYS.(HMO) ALLOWANCES			0	0	0	0
10	OTHER ALLOWANCES			0	0	0	0
11	TOTAL NON-GOVT DEDUCTIONS FROM G.R. (7+8+9+10)			0	0	0	0
12	TOTAL DEDUCTIONS FROM GROSS REVENUE (4+11)			0	0	0	0
13	TOTAL PAYMENTS (NET REVENUE) (3-12)			0	0	0	0
14*	INPATIENT GROSS REVENUE			0	0	0	0
15*	OUTPATIENT GROSS REVENUE			0	0	0	0
16	OTHER OPERATING REVENUE			0	0	0	0
17	REVENUE FROM OPERATIONS			0	0	0	0
18	NON-PHYSICIAN SALARIES			0	0	0	0
19	PHYSICIAN SALARIES			4,065,023	3,916,243	3,890,631	3,889,152
20	FRINGE BENEFITS-NON PHYSICIAN			0	0	0	0
21	FRINGE BENEFITS-PHYSICIAN			0	0	0	0
22	OTHER: SUPPLY & DRUGS			0	0	0	0
23	OTHER THAN SUPPLY & DRUGS			0	0	0	0
24	PHYSICIAN FEES			2,577,933	2,483,581	2,467,338	2,466,400
25	MALPRACTICE			0	0	0	0
26	LEASES - ANNUAL			0	0	0	0
27	LEASES-M  LTYEAR			0	0	0	0
28	TOTAL LEASES (26+27)			0	0	0	0
29	DEPARTMENTAL DEPRECIATION			0	0	0	0
30	PLANT DEPRECIATION			0	0	0	0
31	TOTAL DEPRECIATION (29+30)			0	0	0	0
32	INTEREST			0	0	0	0
33	EXPENSE RECOVERY(ENTER AS NEGATIVE)			0	0	0	0
34	TOTAL NET OPERATING EXPENSES (SUM(18, 25, 28, 31, 33))	1.3		6,642,966	6,399,824	6,357,969	6,356,553
35	GAU(LOSS) FROM OPERATIONS (17-34)			(6,642,966)	(6,399,824)	(6,357,969)	(6,356,553)
36	NON-OPERATING REVENUE			0	0	0	0
37	REVENUE OVER(UNDER) EXPENSES (35+36)			(6,642,966)	(6,399,824)	(6,357,969)	(6,356,553)
38	FULL TIME EQUIVALENTS			0	0	0	0
39	DISCHARGES			0	0	0	0
40	PATIENT DAYS			0	0	0	0
41*	CASE MIX INDEX			0	0	0	0
42**	OTHER STATISTIC-			0	0	0	0
43	RATE IMPACT			0	0	0	0

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CON DOCKET NO: 96-549R				REQUESTED DEPARTMENT WITH THE PROJECT			
CON PROJECT: HDS- Utlicare Patient Care Information System				SUMMARY OF REVENUE, EXPENSE, AND VOLUME STATISTICS			
APPLICANT: HOSPITAL OF SAINT RAPHAEL				(4)	(5)	(6)	(7)
SPECIFY TOTAL FACILITY OR DEPARTMENT: DEPARTMENT- IS				CURRENT YEAR	YEAR 2	YEAR 3	YEAR 4
LINE				1997	1998	1999	2000
1a	FEDERAL GROSS PATIENT REVENUE				12 MONTHS*	12 MONTHS*	12 MONTHS*
1b	STATE GROSS PATIENT REVENUE			0	0	0	0
2	NON-GOVT GROSS PATIENT REVENUE			0	0	0	0
3	TOTAL GROSS PATIENT REVENUE (1+2)			0	0	0	0
4	GOVT DEDUCTIONS FROM GROSS REVENUE			0	0	0	0
5	NET BAD DEBTS			0	0	0	0
6	FREE CARE			0	0	0	0
7	TOTAL UNCOMPENSATED CARE (5+6)			0	0	0	0
8	NON-GOVT CONTRACTUAL ALLOWANCES			0	0	0	0
9*	ALT DELIVERY SYS.(HMO) ALLOWANCES			0	0	0	0
10	OTHER ALLOWANCES			0	0	0	0
11	TOTAL NON-GOVT DEDUCTIONS FROM G.R. (7+8+9+10)			0	0	0	0
12	TOTAL DEDUCTIONS FROM GROSS REVENUE (4+11)			0	0	0	0
13	TOTAL PAYMENTS (NET REVENUE) (3-12)			0	0	0	0
14*	INPATIENT GROSS REVENUE			0	0	0	0
15*	OUTPATIENT GROSS REVENUE			0	0	0	0
16	OTHER OPERATING REVENUE			0	0	0	0
17	REVENUE FROM OPERATIONS			0	0	0	0
18	NON-PHYSICIAN SALARIES			0	0	0	0
19	PHYSICIAN SALARIES			4,065,023	3,916,243	3,890,631	3,889,152
20	FRINGE BENEFITS-NON PHYSICIAN			0	0	0	0
21	FRINGE BENEFITS-PHYSICIAN			0	0	0	0
22	OTHER: SUPPLY & DRUGS			0	0	0	0
23	OTHER THAN SUPPLY & DRUGS			0	0	0	0
24	PHYSICIAN FEES			2,577,933	2,483,581	2,467,338	2,468,400
25	MALPRACTICE			0	0	0	0
26	LEASES - ANNUAL			0	0	0	0
27	LEASES-M. LTYEAR			0	0	0	0
28	TOTAL LEASES (26+27)			0	0	0	0
29	DEPARTMENTAL DEPRECIATION			0	0	0	0
30	PLANT DEPRECIATION			0	0	0	0
31	TOTAL DEPRECIATION (29+30)			0	0	0	0
32	INTEREST			0	0	0	0
33	EXPENSE RECOVERY(ENTER AS NEGATIVE)			0	0	0	0
34	TOTAL NET OPERATING EXPENSES (SUM(18,25,28,31,33))	1.3		0	0	0	0
35	GAIN(LOSS) FROM OPERATIONS (17-34)			6,642,966	6,399,824	6,357,969	6,366,563
36	NON-OPERATING REVENUE			(6,642,966)	(6,399,824)	(6,357,969)	(6,366,563)
37	REVENUE OVER(UNDER) EXPENSES (35+36)			0	0	0	0
38	FULL TIME EQUIVALENTS			(6,642,966)	(6,399,824)	(6,357,969)	(6,366,563)
39	DISCHARGES			0	0	0	0
40	PATIENT DAYS			0	0	0	0
41*	CASE MIX INDEX			0	0	0	0
42**	OTHER STATISTIC-			0	0	0	0
43	RATE IMPACT			0	0	0	0

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**Attachment # 7**  
**Inflation Calculation**

**Request for Waiver of CON  
Replacement of the Misys/Per Se Ulticare Laboratory System  
Inflation Calculation**

**UltiCare Laboratory System  
DN# 89-556**

**Subsequently modified by DN# 93-536R  
Subsequently modified by DN# 96-549R**

**Original equipment cost: \$ 1,159,514**

Original equipment cost:	\$ 1,159,514
1997 year 1 +10% inflation	\$ 1,275,465
1998 year 2 +10% inflation	\$ 1,403,012
1999 year 3 +10% inflation	\$ 1,543,313
2000 year 4 +10% inflation	\$ 1,697,644
2001 year 5 +10% inflation	\$ 1,867,408
2002 year 6 +10% inflation	\$ 2,054,149
2003 year 7 +10% inflation	\$ 2,259,564
2004 year 8 +10% inflation	\$ 2,485,521
2005 year 9 +10% inflation	\$ 2,734,073

**Replacement equipment cannot exceed \$ 2,734,073**

**Cost of Replacement Equipment \$ 1,877,500**

**cost of replacement equipment does not exceed the cost of the original equipment plus  
10% inflation each year.**

**Attachment # 8**

**A Copy of the Letter from Mediware**





1900 SPRING ROAD, SUITE 450, OAK BROOK, IL 60523 630-218-2700 630-684-0462 FAX

April 19, 2004

Via Federal Express Delivery

Blood Bank Ms. Mary Laferriere  
St. Raphael's/ CT  
1450 Chapel Street  
New Haven, CT 06511

Dear Hemocare User:

Since 1981, the Hemocare system has been an integral part of the process for the safe and effective delivery of transfusion services. During this time, Mediware has maintained a commitment to the support of the Hemocare product, including the support of demanding regulatory and changing technology needs. While Mediware's long-term commitment to Hemocare has been truly unique, as we look forward, the baseline architecture for the Hemocare product can no longer be upgraded adequately to support the modern IT and complex safety needs of our customers. In fact, part of the system structure used in the operation of Hemocare includes the QNX operating system and an outdated flat-file system. These structures often create significant barriers to enhancing the product.

Approximately five years ago Mediware reviewed the inherent limitations of the design and architecture of the Hemocare product. We concluded that the evolving integration, technology, and safety needs of our customers could not be accommodated by the old platform. We investigated the appropriateness and effectiveness of various approaches to extend the life of the system, including a Window's wrap-around. In the end, the best long-term strategy for our customers was to develop the next-generation transfusion system to leverage new technologies that could take into account the support of scalable platforms, complex safety and functional requirements, and various integration strategies.

This approach has lead Mediware to invest more than \$15 Million and approximately 200,000 hours of design, development, and testing into our next generation transfusion management system - HCLL. With market input and feedback from hundreds of hospitals, and the receipt of an FDA 510(k) clearance in February 2003, HCLL is a superior upgrade over Hemocare and brings new capabilities required by today's complex transfusion management systems.

As of October 1, 2005, the Hemocare product and associated services will move to sunset status. At that date, we will schedule the cessation of client support services related to this product line. Further development related to Hemocare will be limited, focused upon safety issues. Mediware's support of your use of Hemocare will continue through the term of your current support agreement and/or your scheduled implementation of HCLL.

Mediware will ensure that subject to an agreed implementation schedule there will be a smooth segue in product support.

To help facilitate your transition from Hemocare to HCLL, we will be contacting you in person during the next 90 days, to discuss your opportunity to license HCLL. Mediware representatives will work with you to develop an implementation, budget and transition plan to upgrade to HCLL that will ensure a robust transition that includes the conversion of your valued data. We are excited to be making HCLL available to you and believe it is important that you begin the transition process now.

If you have any questions, please do not hesitate to contact Jennie Shan-Martin at (630) 218-2704, or email her at [jennie.martin@mediware.com](mailto:jennie.martin@mediware.com).

Sincerely,

Don L. Jackson  
Vice President and General Manager  
Blood Bank Division